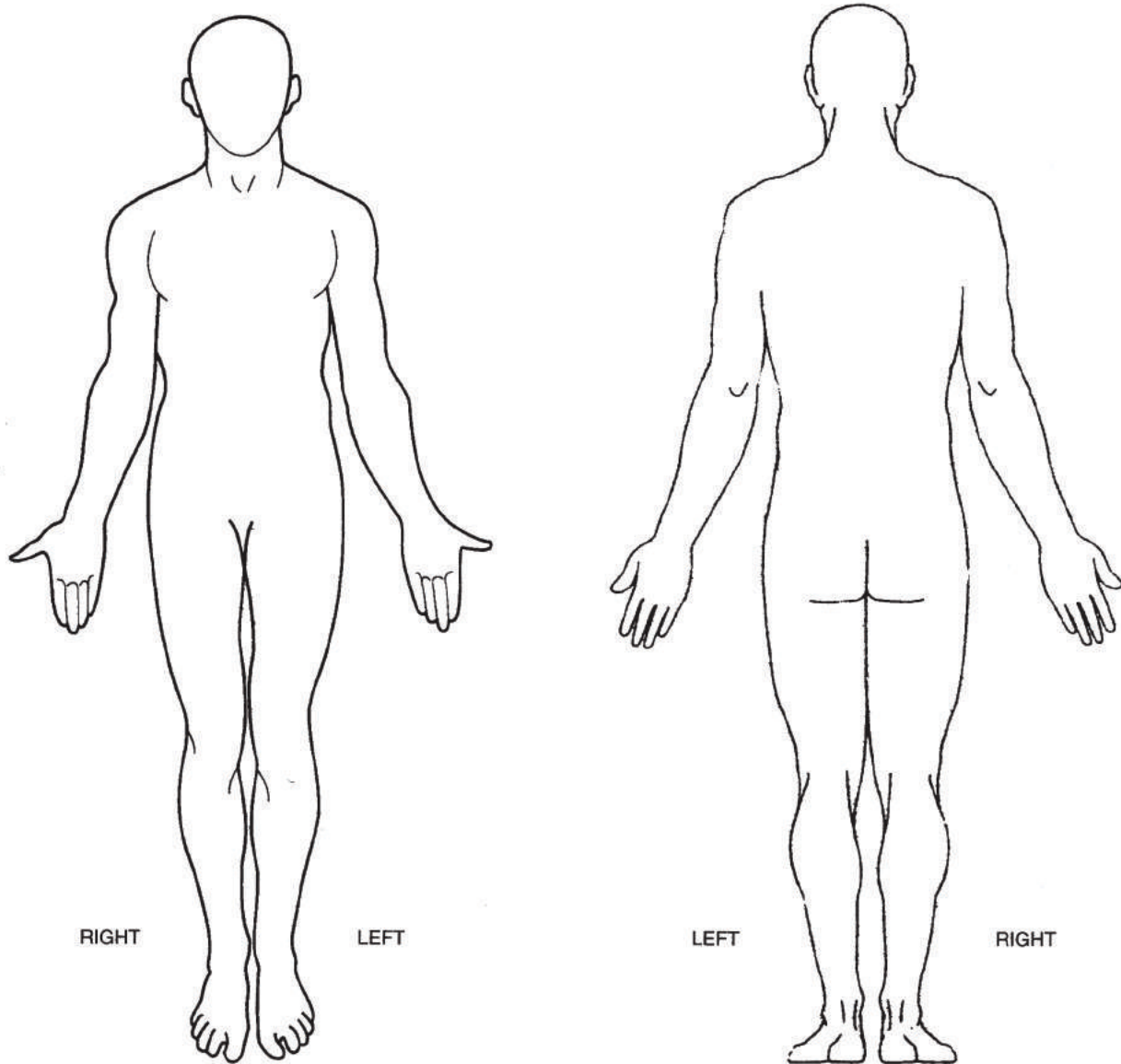


ORTHOPAEDIC SPECIALISTS







Better experience. Better results.

For Michael Dolphin Patients Only

DIAGRAM (mark the parts of your body where you feel the problem. Use the appropriate symbols indicated below).



SYMBOLS

ACHE		STABBING	
SWELLING		NUMBNESS	
PINS/NEEDLES		POPPING/CRACKING GRINDING	

Your weight _____

Your height _____

I certify to the best of my knowledge that ALL information is correct. I authorize OS to release all medical records they have on me (or my child) to my family physician, referring physician and/or previous treating physician in regards to this illness/injury.

Signed: _____
Patient (unless a minor)

DATE _____