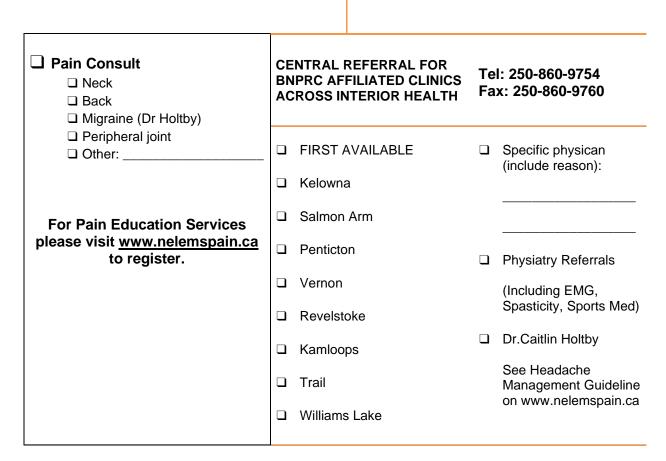


Patient info (include PHN, ph no. and email):

Referring Physician: ____

Family Physician (if different than referring):



PLEASE CHECK ONE OF THE FOLLOWING BOXES:

□ X-rays, scans, relevant consults, test results, etc. attached

Dending X-rays, scans, test results, etc. will be cc'd to Dr. Paul Etheridge

PATIENTS WILL BE CONTACTED TO FILL OUT INTAKE FORMS BEFORE BEING SCHEDULED FOR AN APPOINTMENT.

Further Information: