



1604 Blossom Hill Road
Suite C
San Jose, CA 95124
800-260-1081

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND FULLY.

*Enclosed is the paperwork that you will need to fill out (use **BLACK ink** please) for your upcoming visit.*

Please do not mail the paperwork back to us, bring it with you on the appointment date.

DUE TO THE SMALL SIZE OF OUR WAITING ROOM WE ASK THAT YOU LIMIT THE AMOUNT OF PEOPLE THAT ATTEND THE APPOINTMENT WITH YOU TO 1 PERSON.

The following is a list of what to bring with you:

- **All your records** pertaining to the body part we are seeing you
- **All films(ie. X-rays, MRI, CT, bone scan...)** along with the report to your visit. (not on computer disc please), If this is all you have or If you are having difficulties in regards to obtaining films or have any questions, please contact our office before your appointment.
- A list of all Medications and strengths as a written list
- Bring INSURANCE CARD
- If you have a COPAY, to be **paid by CHECK or CASH** as we don't have the ability to take credit, debit or any other kind of card.

Please call us with any concerns or questions regarding this prior to your visit

If patient is a minor (under the age of 18) they must be accompanied by parent or legal guardian for initial consultation.

Thank you

SCHEDULED APPOINTMENT IS FOR _____