

WELCOME!

We would like to take this opportunity to welcome you to Advanced Orthopaedic Centers and to thank you for choosing our practice.

We are constantly striving to make our patients' visits more efficient. Please take a few minutes to review and complete the information on the enclosed forms listed below before your appointment.

- **Notice of Health Information Practices**
- **Responsible Party/Insurance Information Form**
- **New Patient Information and Medical History Form**

We have also included a checklist of information needed and will make the registration process easier for you and certainly more efficient.

- **Checklist**
 1. **Photo I.D. or drivers license**
 2. **Insurance card**
 3. **Referral form if applicable**
 4. **X-Ray, MRI Films, CT Scans and EMG if applicable**
 5. **If you have any lab results or other pertinent medical history information please bring that with you as well as this will help us serve you better.**

Please arrive 20 minutes before your scheduled time.

TIME: _____ DATE: _____

Thank you for your assistance in filling out this information and we look forward to seeing you on the day of your appointment.

The Physicians and Staff of Advanced Orthopaedic Centers