



Client Name: _____ Phone Number: _____

Diagnosis: _____ Date of Birth: _____

Health Card: _____

FREE PARKING AVAILABLE

☆ Physician

Dr. BILL MANOLOPOULOS

Orthopedic Surgeon (Shoulder, Elbow)

Dr. JAMES ROFAIEL

Orthopedic Surgeon (Foot, Ankle)

Dr. CAN NGUYEN

Orthopedic Surgeon (Knee, Hip)

Dr. RAJA CHAKRAVERTTY

Orthopedic Surgeon (Knee, Hip)

Dr. JERRY LEVESQUE

Orthopedic Surgeon (Hip, Knee, Pediatrics)

Dr. STEPHANIE TOM

Rheumatologist

Dr. DARIUS STRIKE

General practioner(Sports Speciality)

NOTES: _____

Physician's Signature: _____ OR Physician's Stamp: