

Medical Consultation Day *Requesting an Appointment*

Appointment is for (name) _____

Check one: Adult _____
 Child _____ Parent's Name _____

Address _____

Phone: _____

E-mail _____

Appointments will be 20 minutes long.

When are you available? (Pick one)

All day _____ Morning only (8:30am–12:00pm) _____ Afternoon only (1:30 pm– 3:00 pm) _____

Which Specialists do you wish to see? You may choose up to 3.

_____ Adult Health

_____ BI/Neurosurgery

_____ Dental

_____ Genetics

_____ Hearing

_____ Mental Health

_____ Nutrition

_____ Pulmonary

_____ Pediatric Surgery

_____ Physical Therapy

_____ Women's Health

_____ Pain

Please return this form to the OI Foundation by emailing bonelink@oif.org.