

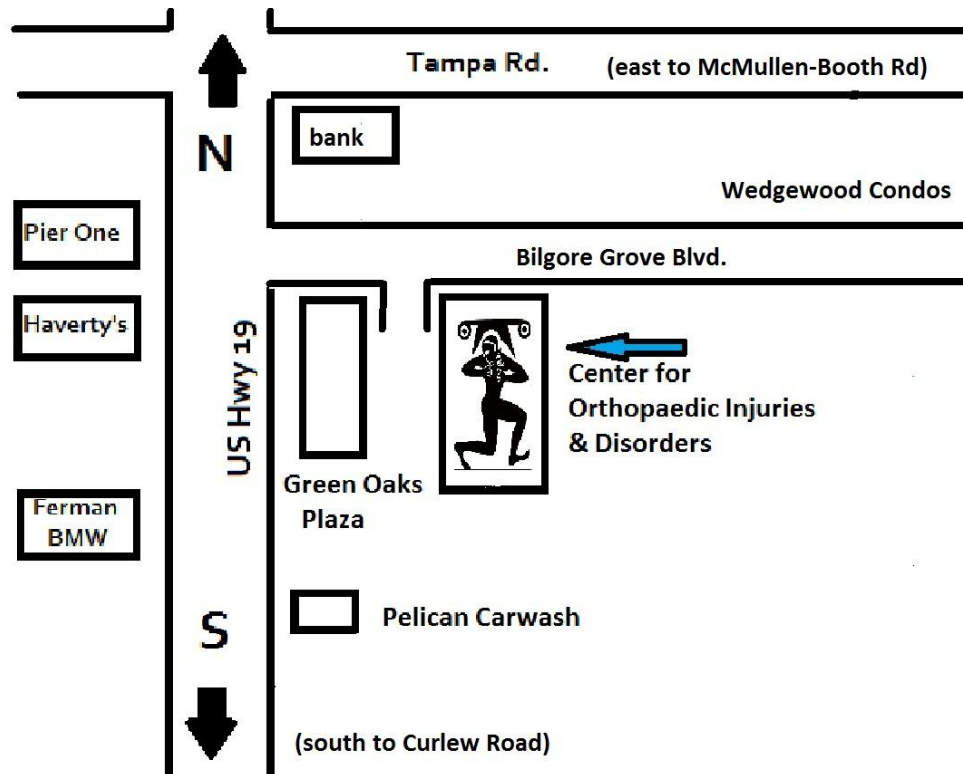


Center for Orthopaedic Injuries & Disorders

Theodore P. Vlahos M. D., P.A.

Certified, American Board of Orthopaedic Surgery

Theodore P. Vlahos, M.D.



Your appointment is on: _____ at _____.

Please arrive 30 minutes prior to your scheduled appointment time.

1. Please bring **ALL x-rays, MRIs**, and other studies that were done since your accident.
2. Please bring any paperwork that was forwarded to you by this office or other health care provider.
Be sure to complete & date paperwork for the date of your appointment.
3. Please be informed, if you do not keep your appointment or it is not cancelled **24 hours** prior to your scheduled time, there will be a \$200.00 no show fee. We do not bill health insurance for any accident liability case.

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