

**CONSULTING ORTHOPAEDIC ASSOCIATES
A DIVISION OF THE ORTHOPAEDIC NETWORK, INC.**

Orthopaedic Surgery

Physical Medicine & Rehabilitation

THOMAS G. ANDRESHAK, M.D.
STEVEN N. SOKOLOSKI, M.D.

DOMINIQUE M. LASH, M.D.

DEAR PATIENT:

WELCOME TO OUR PRACTICE. WE ARE PLEASED THAT YOU HAVE CHOSEN OUR GROUP FOR YOUR ORTHOPAEDIC NEEDS. WE VALUE OUR PATIENTS AND WANT THEM TO UNDERSTAND HOW OUR OFFICE FUNCTIONS. WE HAVE ENCLOSED SOME INFORMATION FOR YOU. IF YOU REQUIRE ADDITIONAL INFORMATION OR HAVE QUESTIONS, PLEASE CONTACT OUR OFFICE.

YOUR APPOINTMENT IS WITH

DR. _____ ON _____ AT _____.

OUR OFFICE IS LOCATED AT 7640 W. SYLVANIA AVENUE, STE. B. PLEASE PARK IN THE FRONT OF THE BUILDING AND ENTER THROUGH THE MAIN ENTRANCE AT THE COVERED DOORS. THIS IS THE RED ENTRANCE #1.

AT THE TIME OF YOUR APPOINTMENT, PLEASE BRING ALL CURRENT INSURANCE CARDS AND BEFORE YOUR APPOINTMENT, PLEASE COMPLETE THE ENCLOSED INFORMATION FORMS. IF FORMS ARE NOT COMPLETED, THERE MAY BE A CHANCE YOU WILL HAVE TO RESCHEDULE. BRING ALL TEST RESULTS AND X-RAYS RELATING TO YOUR VISIT.

IF THIS APPOINTMENT IS FOR A MINOR (17 YEARS OR YOUNGER), THEN ONE OF THE PARENTS OR A LEGAL GUARDIAN MUST ACCOMPANY THE CHILD FOR THE FIRST VISIT. VISITS THEREAFTER, WITH PERMISSION FROM THE PARENT/LEGAL GUARDIAN, AN ADULT REPRESENTATIVE MUST ACCOMPANY THE CHILD.

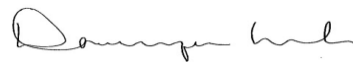
WE RECOGNIZE THE NEED FOR A DEFINITE UNDERSTANDING BETWEEN THE PATIENT AND THE PHYSICIAN REGARDING FINANCIAL ARRANGEMENTS FOR MEDICAL CARE. RESPONDING TO THIS, WE HAVE ENCLOSED A COPY OF OUR FINANCIAL POLICY FOR YOU.

IN CASE OF EMERGENCIES OCCURRING AFTER 4:30 PM, ON WEEKENDS OR HOLIDAYS, THE DOCTORS CAN BE CONTACTED THROUGH OUR ANSWERING SERVICE, (419) 517-7500. PRESCRIPTIONS CANNOT BE FILLED AFTER 4:30 PM OR ON WEEKENDS. IN CASE OF INCLEMENT WEATHER, PLEASE CONTACT THE OFFICE IF THERE IS A QUESTION OF THE OFFICE CLOSING.

SINCERELY,



THOMAS G. ANDRESHAK, M.D.



DOMINIQUE M. LASH, M.D.



STEVEN N. SOKOLOSKI, M.D.