

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

Orthopaedic Surgery

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

Physical Medicine & Rehabilitation

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, SO WE HAVE ENCLOSED SOME IMPORTANT INFORMATION FOR YOU. IF YOU SHOULD REQUIRE ADDITIONAL INFORMATION OR HAVE QUESTIONS, PLEASE CONTACT OUR OFFICE.

YOUR APPOINTMENT IS WITH

DR. _____ ON _____ AT _____.

OUR OFFICE IS LOCATED AT THE WOOD COUNTY HOSPITAL. WE ARE IN THE MEDICAL BUILDING ON THE FIRST FLOOR, SUITE 110. PARKING IS BEHIND THE HOSPITAL AND THERE IS NO CHARGE FOR PARKING. PATIENTS NEEDING ASSISTANCE MAY USE THE EMERGENCY ROOM ENTRANCE. WHEELCHAIRS ARE AVAILABLE THERE.

AT THE TIME OF YOUR APPOINTMENT, PLEASE BRING ALL CURRENT INSURANCE CARDS AND PLEASE COMPLETE THE ENCLOSED INFORMATION FORMS. RETURN THEM TO THE RECEPTIONIST ON THE DAY OF YOUR APPOINTMENT. IF FORMS ARE NOT COMPLETE, THERE MAY BE A CHANCE YOU WILL HAVE TO RESCHEDULE. PLEASE BRING ALL TEST RESULTS AND X-RAY FILMS RELATING TO YOUR VISIT. IF YOU HAVE HAD THESE TESTS OR X-RAYS DONE AT WOOD COUNTY HOSPITAL, WE WILL GET THESE FILMS FOR YOU.

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 A 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 OFFICE AT (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.