AOPI ORTHOTICS & PROSTHETICS

## Additional Patient Information

Date of Amputation: _____ Side Affected: Left / Right / Bi - Lateral

Area Affected - Upper Extremity / Lower Extremity / Digits

Height_____ Weight_____ Shoe Size: _____

Description of Injury:_____ Date Of Injury: _____

Auto Accident – Yes / No Work Related – Yes / No

Current Prosthesis - Yes / No If Yes, how old is the prosthesis?_____ Who made it? _____

## Confidential Request for Medical Records

To: _____ (Facility / Physician Name)

I hereby request that my medical records be released to :

AOPI Orthotics and Prosthetics
2068 Wrightsboro Road
Augusta, Ga. 30904
Phone (706) 733 – 8878
Fax (706) 733 - 4434

_____ _____
Patient Printed Name Date of Birth

_____ _____
Signature of Patient or Guardian Date