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Certificate of Added Qualification in Surgery of the Hand
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John P. Downey, *Administrator*



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- Arthroscopy & Sports Medicine
- Ankle & Knee Disorders
- General Orthopaedics Pediatric & Adult
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I, _____ have been made aware of
Patient Name

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* I hereby authorize Orthopedic & Sports Associates physicians
and/or employees to discuss and/or provide information regarding
my diagnosis, tests, and treatment plan to the following:

Name

Phone #

Name

Phone #

Signature of Patient

Date