



**WESTERN
ORTHOPAEDICS**

Excellence in Motion

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James C. Holmes, M.D.

Orthopaedic Specialist
Sports Medicine
Disorders of the Knee

Timothy J. Birney, M.D.

Orthopaedic Specialist
Disorders of the Spine

Edward (Ted) H. Parks, M.D.

Orthopaedic Specialist
Sports Medicine
Joint Replacement/Reconstruction
Arthroscopy

Armodios M. Hatzidakis, M.D.

Orthopaedic Specialist
Shoulder and Elbow

Raj Bazaz, M.D.

Orthopaedic Specialist
Shoulder and Knee
Sports Medicine

Kevin K. Nagamani, M.D.

Orthopaedic Specialist
Foot and Ankle Surgery

Brian J. White, M.D.

Orthopaedic Specialist
in Disorders of the Hip

Steven M. Traina, M.D.

Orthopaedic Specialist
in Disorders of the Knee
Shoulder and Sports Medicine

Thomas G. Mordick, II, M.D.

Hand Surgery

Benjamin W. Sears, M.D.

Orthopaedic Specialist
Disorders of the Shoulder
and Elbow

Sean Baran, M.D.

Orthopaedic Specialist
Disorders of the Hip and Knee
Sports Medicine
Joint Replacement

www.Western-Ortho.com

SURGERY SCHEDULING DEPOSIT/CANCELLATION NOTICE

The decision to proceed with a surgical procedure is often a difficult one. At Western Orthopaedics we respect your need for certainty regarding your decision to schedule the procedure. The administrative work involved in booking a procedure is extensive. Just as you would like to be certain of your choice, we also need to know that your decision is well thought out and secure.

We have a \$250.00 cancellation/rescheduling fee for those that schedule surgery and then cancel/reschedule. We will collect your credit card information and load it in a secure vault. Your card will not be charged unless you cancel or reschedule your surgery. We will charge the card at the time of cancelling or rescheduling.

This must be agreed to before we can book your case AND **faxed to 303-253-7400.**

I have read and agree to the late cancellation fee policy:

PRINTED NAME:

SIGNATURE:

DATE: _____

MR#: _____