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ADDRESS: _____ CITY: _____

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FAMILY PHYSICIAN: _____ORTHOPEADIC SURGEON:_____

CHIROPRACTOR: _____ PHYSIOTHERAPIST: _____

AB HEALTH #:_____WCB CLAIM #:_____NIHB #: _____

AISH #: _____PRIVATE INSURANCE: _____

HOW DID YOU HEAR ABOUT ADAPTIVE TECHNOLOGIES

☐ Website ☐ Google ☐ Facebook ☐ Instagram ☐ Newspaper ☐ Radio ☐ BNI_____

☐ Friend/Family Member _____

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IN A FEW WORDS PLEASE DESCRIBE THE ISSUE: _____

ACTIVITIES: _____ MEDICATIONS: _____

PROSTHETIC PATIENTS:DATE OF AMPUTATION: ____/_____/_____ LEVEL OF AMPUTATION:_____

WAR AMPS REGISTERED? YES / NO

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