



ORTHOPÆDICS

FREE

Sports Injury Clinic

HIGH SCHOOL & COLLEGE ATHLETES with a recent sports injury

Monday Evenings (during the school year)

6:00 p.m. – 7:30 p.m. 08/31/09 – 10/19/09

6:00 p.m. – 7:00 p.m. 10/26/09 – 05/24/10

Starts: **08/31/09**

No clinic on these days

09/07, 10/12, 11/23, 12/21, 12/28, 01/18/10, 02/15 and 3/29

OAD Orthopaedics

7 Blanchard Circle, Suite 101, Wheaton (map on back)

Phone: 630-225-2381

630-260-3416 (Monday evening only)

**Evaluations by: Dr. Matt Gimre
and a Sports Physical Therapist/Athletic Trainer**

Written communication will be provided to the student/parent and coach or trainer concerning diagnosis of injury, determination of playing status and recommendations for care.

PARENT PERMISSION IS REQUIRED FOR ALL HIGH SCHOOL ATHLETES

I give my permission for myself, or my son/daughter to be screened at the OAD Orthopaedics' Sports Injury Clinic by Dr. Gimre, Dr. LaBelle, Dr. Bare, Dr. Sterba or Dr. Mayer and associates and the staff from Newsome & McCloughan Physical Therapy, AthletiCo Physical Therapy, or OAD Orthopaedic Rehabilitation Physical Therapy.

I understand that this is only a screening and further care may be recommended.

Braces and supplies are available for cash and carry only.

I hereby certify that I am not eligible to receive benefits from Medicare, Medicaid, Illinois Department of Public Aid, or any other governmental entity in connection with services that may be performed for me by OAD Orthopaedics or any of its affiliated entities. I further understand and acknowledge that the sports screening services provided to me are not offered as an inducement to receive additional services from OAD Orthopaedics or any of its affiliated entities.

Athlete's Signature _____ Date: _____

Parent Signature _____ Date: _____

(Required if patient is under 18)