

Name:
Chart:
Date:



Stan Griffiths, M.D.
Philip R. McCowin M.D.
Gregory G. West, M.D.
Lance Turpin PA-C

Date: _____

Name of Patient: _____

If the patient is a minor: Patient Name: _____

Parent or Guardian Signature: _____

Print Parent or Guardian Name: _____

I authorize the following people to request medical information on my behalf:

Name	Relationship	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DME Return Policy

All returns of DME equipment must be made within 14 days **and be unopened and in resalable conditions and contain the original packing material, manuals and blank warranty cards.** Credit will not be granted for merchandise unsuitable for resale. Merchandise must be in original packing and is subject to inspection. Merchandise that has been marked, affixed with stickers, or with crushed packaging will not be accepted. Due to health, hygienic and safety regulations, products which relate to personal hygiene and self care are non-returnable. Products that come in contact with the body; can not be returned - they are single use patient items. No hygiene product can be returned if the package has been opened per Public Health Policy and per our policy.

If you have any further questions, please contact us at 208-227-1100

Summit Orthopaedics

I hereby acknowledge that I have been presented with a copy of Summit Orthopaedics Notice of Privacy Practices.

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I hereby acknowledge I have read the DME return policy:

Signed: _____

Date: _____