



YOUR MEDICAL CENTRE
111 Hip and Knee Way
Pittsburgh, Pa 12123

Patient Name_____Date_____

Address_____DOB_____

Age_____



<input type="checkbox"/> Right Knee Series	<input type="checkbox"/> Left Knee Series	<input type="checkbox"/> Bilateral Knee Series
<ul style="list-style-type: none">• Bilateral PA Standing with Flexion• Bilateral PA Standing with No Flexion• Right Kneecap (Merchant)• Right Lateral	<ul style="list-style-type: none">• Bilateral PA Standing with Flexion• Bilateral PA Standing with No Flexion• Left Kneecap (Merchant)• Left Lateral	<ul style="list-style-type: none">• Bilateral PA Standing with Flexion• Bilateral PA Standing with No Flexion• Bilateral Kneecap• Right Lateral• Left Lateral

Your Doctor, MD