

# 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

**E. Patrick Curry, M.D.**  
Orthopaedic Specialist  
Disorders of the Spine

[www.Western-Ortho.com](http://www.Western-Ortho.com)

## SURGERY SCHEDULING DEPOSIT/CANCELLATION NOTICE DR. BAZAZ

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 \$150.00 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:

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SIGNATURE:

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DATE: \_\_\_\_\_

MR#: \_\_\_\_\_