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## Additional Information Request Form



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Please fill out the completed form and fax it to 317-770-8360.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company/Practice Name: \_\_\_\_\_

- Occupation:
- Patient
  - Physical Therapist
  - Athletic Trainer
  - Physician

