



O & P IN MOTION, INC.

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Patient Name: _____

Date: _____

Device: _____

Proceed with the service

Refusing the service _____

Service on hold _____

Signature: _____

Continue with the service

Effective: _____

Signature: _____

Notes: _____

* Please note if the service is on hold, it is the responsibility of the patient to contact our office should you want to proceed with the services. *