

MIDLANDS

**orthopaedics, p.a.**

(803) 256-4107  
1910 Blanding St.  
Columbia, SC 29201  
1013 Lake Murray Blvd.  
Irmo, SC 292063

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FOR \_\_\_\_\_

**R** ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

Please evaluate both hips in the above patient for range of motion and strength and provide a report on my standardized form included.

**Thomas P. Gross M.D**

**Please FAX to: 803-933-6339 and give the patient a copy.**