THE DATA YOU PROVIDE BELOW WILL BE ACCESSIBLE TO THE PUBLIC TO FIND A TREATING PHYSICIAN ON OUR WEB SITE. MAKE SURE YOUR DATA IS CURRENT. PAY YOUR DUES EACH YEAR AND SEND BACK THIS FORM SO WE CAN KEEP YOU ON OUR WEB SITE MEMBERSHIP DIRECTORY.

MICHIGAN ORTHOPAEDIC SOCIETY
2009-2010 MOS Member Physicians Directory

PLEASE CHECK (1.) or (2.) below:

(1.) I agree to have published all of the provided information below on the MOS website directory: Yes _____

(2.) I wish to only have my name listed as a member of the MOS. (Check here)_______

PLEASE PRINT CLEARLY

Member Physician’s Name__________________________________________________________

Name of Practice_________________________________________________________________

Practicing Member ____ Resident Member ____ Emeritus Member ____
(Please check one above.) (over 65 or no longer in practice)

Address________________________________________________________________________

City____________________________State_____ZIP____________

Phone________________Fax________________E-mail_______________________________ (Not listed on web)

Web Site: _____________________________________________________________________

AGE GROUPS THAT YOU TREAT: (Circle choices) Adult Pediatric

ANATOMICAL SPECIALTIES: (i.e. Hand, Elbow, Shoulder, Hip, etc.) please list:

____________________________________________________________________________

TREATMENT SPECIALTIES: (for example, Arthritis, Fractures, Nonunions, Joint Replacement, Sports Medicine). Please list no more than five below.

____________________________________________________________________________
(NOT PUBLISHED): Your Ambulatory Surgery

Center: ______________________________

Your date of birth for dues payment purposes only: ____________________________

Please mail this form back with your dues payment or to Pam Dietrich, Exec. Director, MOS, P.O. Box 475, Northville, MI 48167