

VISITING PATIENT FORM

We welcome clients from outer islands and the mainland for treatment at Maui Regenerative Medicine. To make this a more seamless experience please review the following:

Please answer these questions to the best of your ability in an email sent to mauiregenerativemedicine@gmail.com

Please include any current/recent MRI/CT scan/report in the mail. You may mail your disk and report to 2310 Umi PL Haiku HI,96708

What is your contact information? Telephone number & Email

What is the area of injury you are seeking evaluation and treatment?

When did it begin?

Have any other physicians examined the injury? Dr.'s name?

Has this been diagnosed?

What is the diagnosis? If you have had any diagnostic imagery- MRI, X-rays, please include

Any surgery done in the area of concern? If so, date of surgery?

Weight

Height

Age

Level of physical activity

List of ALL medications and supplements

List of allergies
