

# CASCADE ORTHOPAEDIC GROUP, P.C.

AMERICAN BOARD OF  
ORTHOPEDIC SURGERY

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## JAMES B. SCHADER, M.D., P.C.

SUITE A  
6485 S.W. BORLAND ROAD  
TUALATIN, OREGON 97062

Dear \_\_\_\_\_:

This will confirm your appointment with us. We look forward to meeting you. Your orthopedic evaluation has been scheduled for (day) \_\_\_\_\_, (date) \_\_\_\_\_, at \_\_\_\_\_ o'clock.

- Late cancellation, less than 24 hours notice, and / or a **NO SHOW** for your visit will result in a fee of \$25.00.
- Please fill out the enclosed forms and bring the completed forms with you. If the forms have not been entirely completed, there may be a delay before you will be able to see the Doctor.
- On the day of your exam, please **BRING ANY PREVIOUS X-RAYS AND/OR RECORDS PERTAINING TO YOUR CONDITION**, or your appointment could be rescheduled.
- Also, **PLEASE BRING YOUR INSURANCE CARD(S)** so that we may make photocopies of them for our records.
- **PLEASE BRING A COMFORTABLE PAIR OF SHORTS, IF YOU CAN, TO WEAR FOR YOUR EXAMINATION OF A KNEE OR HIP CONDITION.**

If for any reason you must cancel this appointment, please give our office adequate notice.

Thank you,

Receptionist

