

**Complimentary Shoulder and Knee  
X-ray / MRI / Arthroscopy Photo Review**

Todd C. Battaglia, MD, MS, Syracuse Orthopedic Specialists, PC

Please complete and return this form to Dr. Battaglia along with your X-rays and MRI for evaluation. **NOTE:** *If your issue involves a cartilage injury and you've had previous arthroscopic surgery, inclusion of arthroscopy pictures greatly assists the evaluation.*

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Involved shoulder / knee (circle):    Right    Left    Both

Date of injury (or date symptoms began, if no injury): \_\_\_\_\_

Have you ever had surgery on your shoulder / knee? (circle) Yes No

If so, *when* and *what* were the surgeries? (please provide as many details as possible, use back of sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_

Are you currently on pain medicines? (circle) Yes No

If so, what pain medications? \_\_\_\_\_

*Exam(s) you are sending:*

**X-rays** - date of exam(s): \_\_\_\_\_    **MRI** - date of exam(s): \_\_\_\_\_

**Arthroscopy pictures** - date of surgery: \_\_\_\_\_

Send this form, and any X-rays, MRI, and photos (along with any available reports) to:

**Todd C. Battaglia, MD, MS**  
**Syracuse Orthopedic Specialists, PC**  
**5719 Widewaters Parkway**  
**Syracuse, NY 13214**

\*\*\*\*\**We are not be responsible for lost copies through the mail so please make sure you retain a copy of your records. If you want your films, CDs, or records returned to you, please send us a self-addressed stamped envelope.*\*\*\*\*\*