

PROSPORTS ORTHOPEDICS

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THIS PURPOSE OF THIS FORM IS TO NOTIFY YOU THAT YOUR
MEDICAL RECORDS WILL BE DESTROYED 5 YEARS AFTER
YOUR LAST VISIT DATE.

NEVADA STATUE STATES THAT DR DETTLING IS OBLIGATED
TO KEEP YOUR MEDICAL RECORDS AND X-RAYS FOR ONLY 5
YEARS.

SIGNED: _____

PRINT: _____

DATE: _____