

PA TOURETTE SYNDROME ALLIANCE, INC

P.O. Box, McSherrystown, PA 17344

Phone: 717-337-1134 or 1-800-990-3300 Fax: 717-698-1420

Web Site: www.PATSAInc.org

Name: _____

Office Address: _____

Telephone No: _____

Email Address (for office use only): _____

I wish to receive email updates from PA-TSA Yes No

I wish to be on the Physician Referral List Yes No

If yes:

1. I see approximately _____ patients with TS per year.

2. My specialty is _____

My subspecialty is _____

3. I am board certified Yes Date _____

Specialty _____

No

I am board eligible Yes as of _____

Specialty _____

No

4. State license no. _____

5. Hospital Privilege (s) at _____

Signature _____

Date _____