

Please complete the below information and send to CMI via email to: info@canmagnetic.com.
Once CMI receives this form, one of our staff will contact you promptly.

Patient Demographic Information

Patient Name:

First Name

Last Name

Date of Birth (mm/dd/yyyy):

Gender:

Male

Female

Other

Prefer not to disclose

Address:

City:

Province/State:

Postal/ZIP Code:

Country:

Contact Information

Home Phone #:

Mobile Phone #:

Email Address:

Major Pain Complaint

How did it happen?

How long have you had this condition?

Other pain complaint(s):

What things make it worse?

What things make it better?

Are you presently taking any prescription medication? Yes No

Are you presently taking non-prescription/over the counter medication? Yes No

How did you hear about Arthrosamid?

Facebook

Instagram

Twitter

Google

CMI Website

Other

Please save your completed forms to your device and email to info@canmagnetic.com