

# Paul D Maitino DO FAOAO Hip Knee Shoulder & sports medicine Oklahoma City OK

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## Online Appointment

To request an appointment, please enter the information and press the "Send Appointment Request" button when you are through.

( \* ) Your name and phone number or email are required fields, so that we can contact you to confirm your appointment

Your Personal Details

First Name \*

Middle Initial

Last Name \*

Injury Details

Please give a brief description of your injury:

Do you have a current referral from your GP?

☐ Yes ☐ No

Do you have current x-rays (within last 3 months)?

☐ Yes ☐ No

Comments

### Contact Details

Home \*

Mobile Number

Business

Email Address \*

**Preferred Contact Method:**

☐ Email ☐ Phone

URDA

PI

Send

Erase Request