



Scoliosis Research Society
555 East Wells St, Suite 1100
Milwaukee, WI 53202-3823 USA
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Patient Story Submission Form

Disclaimer: The purpose of collecting these stories is for the use in SRS activities, i.e. website, film, brochures, posters, published literature materials, newsletters, philanthropy materials and other venues as appropriate. In addition, these stories could be used in SRS publications, in public service ads, or in patient advocacy activities. Not all stories submitted will be accepted and posted on the website or in other forms of media. SRS will not accept any patient stories that have already been copyrighted, told through the form of newspapers, magazines or with the assistance of hospital websites etc.

Patient:

Name: _____
Address: _____
City/State/Zip: _____
Condition: _____
Age: _____
Occupation: _____

Orthopaedic Surgeon:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Email: _____

Please submit attached to your submission form the following:

- Your story written in digital format
- Before and after pictures
- Any other materials that help illustrate your story, video, poetry, photographs etc.
- Vignette Release Form

Optional questions to consider when writing your story:

- How did you find out you had scoliosis?
- What was your treatment plan?
- How has the outcome of your treatment affected your life?
- What do you wish you knew about scoliosis before you were diagnosed?

Optional:

Ethnic Diversity: _____

Gender: _____

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Remember to include any extra pages of description, videos, background, photos, etc.