



Physician Profile Information

- 1. Full Name and Title _____
- 2. Name of Medical Practice _____
- 3. Address of Medical Practice _____
- 4. Office Telephone Number _____
- 5. Office Fax Number _____
- 6. Email address _____
- 7. Medical Degree completed, including University _____
- 8. Special Training and location _____
- 9. Board Certification _____
- 10. Special Interest/s _____
- 11. Special Achievements _____
- 12. Educational Experience/Years Practicing _____
- 13. Languages Spoken _____

_____ A current 5 x 7 photo will be submitted to Leslie Altimier, Director of Women’s & Children’s Services for placement on Spirit of Women physician directory section of Mercy Health Partners web site, www.e-mercy.com.

I am interested in talking with the public or the media on the following topics:

- _____ Heart Disease and Women
- _____ Menopause and Women
- _____ Pregnancy and Women
- _____ Arthritis/Osteoporosis and Women
- _____ Cancer and Women
- _____ Aging and Women
- _____ Incontinence and Women
- _____ Obesity and Women
- _____ Sleep Disorders and Women
- _____ COPD and Women
- _____ Other
- 1. _____
- 2. _____
- 3. _____

I am willing to be interviewed by the media in the following capacity:

- _____ Television
- _____ Radio
- _____ Newspaper
- _____ Magazine
- _____ Newsletter
- _____ Other

Physician Signature

Date

Please fax completed form to Leslie Altimier @ 513-624-5454.