



*Helping people worldwide*

[www.fibrousdysplasia.org](http://www.fibrousdysplasia.org)

**Re: Fibrous Dysplasia Foundation,  
Medical Practitioner Referral Database**

Dear Medical Practitioners and Patients, Finding appropriate care is often a daunting task for individuals with fibrous dysplasia (FD), McCune-Albright syndrome (MAS), and cherubism. To assist with this, the Fibrous Dysplasia Foundation (FD Foundation) has created a database for medical practitioner referrals. It includes a wide range of experienced specialists who treat children and adults, including but not limited to: orthopedics, endocrinology, craniofacial surgery, pain management, and dentistry.

This database is part of the FD Foundation website, [www.fibrousdysplasia.org](http://www.fibrousdysplasia.org). It is searchable by medical specialty and geographic location to maximize usefulness to both patients and medical practitioners. Please note that this database is a stand-alone item. Volunteers and employees of the FD Foundation will not endorse any included medical practitioners over others. Medical practitioners may request to be removed from the list at any time, and the FD Foundation will comply as quickly as possible. If you would like to nominate a medical practitioner for inclusion in the FD Foundation referral database, please complete the "Source of Nomination" portion of the attached form and forward it to the practitioner you would like added.

If you would like to nominate yourself for inclusion in the database or if you have been nominated by a patient or medical colleague, please complete the nomination form and return it together with your CV to: FD Foundation, c/o Amanda Konradi, Secretary Board of Directors and Medical Database Manager, 514 Sussex Rd., Towson, MD 21286 USA or send by email to [info@fibrousdysplasia.org](mailto:info@fibrousdysplasia.org) with subject line "FD Foundation Medical Database."

All nominations are subject to review by the Medical Advisory Council of the FD Foundation, Chaired by NIH researcher and clinician Dr. Michael T. Collins. The FD Foundation will notify nominees by letter when the review is complete. The foundation will work with approved medical practitioners to add their publications to the FD Foundation website. To assist in building the community of caregivers for FD, MAS and cherubism patients, the FD Foundation will periodically send professional education materials to all medical practitioners who are included in the database.

Thank you for all that you do on behalf of individuals with FD, MAS and cherubism and their families.

Sincerely, Board of Directors Fibrous Dysplasia Foundation

[info@fibrousdysplasia.org](mailto:info@fibrousdysplasia.org)

**Medical Practitioner Nomination Form for Fibrous Dysplasia Foundation Medical Practitioner Referral Database** If you are a patient or medical colleague nominating a medical practitioner, please complete the “Source of Nomination” portion of this form on page 3 and then forward it to the medical practitioner with a request that he or she complete and submit it to the FD Foundation.

**If you are a medical practitioner who provides care and treatment to individuals with fibrous dysplasia (FD), McCune-Albright syndrome (MAS), and/or cherubism and you would like to be considered for inclusion in the FD Foundation referral database, please complete this nomination form and return it together with your CV to:** FD Foundation, Amanda Konradi, Secretary Board of Directors and Medical Database Manager, 514 Sussex Rd., Towson, MD 21286 USA or send by email to [info@fibrousdysplasia.org](mailto:info@fibrousdysplasia.org) with subject line “FD Foundation Medical Database.”

**NOMINEE INFORMATION:** ATTACH YOUR BUSINESS CARD HERE OR COMPLETE THE CONTACT INFORMATION BELOW. REQUIRED FIELDS ARE NOTED WITH AN \*. IF YOU DO NOT WISH OPTIONAL INFORMATION TO BE INCLUDED, PLEASE CROSS IT OFF YOUR CARD OR LEAVE THE SPACE BELOW BLANK. TO MINIMIZE CONFUSION, PLEASE PRINT ALL INFORMATION IN BLOCK LETTERS.

**\*Name:** \_\_\_\_\_

**\*Practice Name:** \_\_\_\_\_

**\*Primary Office Address:**

\_\_\_\_\_  
\_\_\_\_\_

**\*Business Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:**

\_\_\_\_\_

I would like my email address added to the referral database.

Do not include my email address in the referral database, I would like to receive emails from the FD Foundation Board of Directors and Medical Advisory Board only.

**Website:** \_\_\_\_\_

**\*Board Certifications:**

\_\_\_\_\_  
\_\_\_\_\_

**\*I treat (check all that apply):**

- Adults
- Children

**\*Do you accept appointments by referral only?**    Yes    No

**\*I have treated (check all that apply):**

- Fibrous Dysplasia Estimated # Cases \_\_\_\_\_
- McCune-Albright Syndrome Estimated # Cases \_\_\_\_\_
- Cherubism Estimated # Cases \_\_\_\_\_

**Please send me informational brochures that I can place in my office?**    Yes    No

**\*\*\*\*\* SOURCE OF NOMINATION:** To be completed by patients or medical colleagues nominating medical practitioners for inclusion in the FD Foundation referral database.

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**The nominator is a:**

- Patient of the nominee medical practitioner
- Medical colleague of the nominee medical practitioner

The FD Foundation Board of Directors and Medical Advisory Board are authorized to contact me should there be any question or need for additional information regarding the nominee.

\_\_\_\_\_ **(initial here)** \*\*\*\*\*

The FD Foundation Board of Directors appreciates very much your interest in the referral database. All nominations will be carefully and thoughtfully reviewed by the Medical Advisory Council of the FD Foundation.