

MARTIN L. WEISSMAN, M.D.

Bone and Joint Surgery

KENNETH W. GITLIN, M.D.

Bone and Joint Surgery

Diagnostic and Surgical Arthroscopy

JERRY A. MATLEN, M.D.

Adult Reconstructive Orthopaedic Surgery

Hip and Knee Joint Replacement

THOMAS J. DITKOFF, M.D.

Pediatric Orthopaedics

Adult Reconstructive Surgery

Arthroscopy and Sports Injuries

JEFFREY D. SHAPIRO, M.D.

Knee and Shoulder Surgery

Arthroscopic, Reconstructive and

Joint Replacement Surgery

Sports Medicine

PAUL S. SHAPIRO, M.D.

Hand and Upper Extremity Surgery

Shoulder Surgery

Microvascular Surgery

JEFFREY E. BALAZSY, M.D.

Adult and Pediatric Orthopaedic Trauma and

Reconstructive Surgery

Pelvis and Acetabulum Surgery

Foot and Ankle Reconstruction

DAVID J. COLLON, M.D.

Sports Medicine

Arthroscopic Surgery

WEISSMAN, GITLIN, HERKOWITZ, M.D., P.C.

ORTHOPAEDIC SURGERY

&

PHYSICAL MEDICINE

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HARRY N. HERKOWITZ, M.D.

Disorder of the Spine

Disc and Stenosis Surgery

Reconstructive Surgery of the Neck and Back

LAWRENCE T. KURZ, M.D.

Adult and Children's Spinal Disorders

Scoliosis

Reconstructive Surgery of the Neck and Back

JEFFREY S. FISCHGRUND, M.D.

Adult and Children's Spinal Disorders

EERIC TRUUMEEES, M.D.

Adult and Children's Spinal Disorders

Reconstructive Surgery of the Neck and Back

CHETAN K. PATEL, M.D.

Adult and Children's Spinal Disorders

Minimally Invasive Spine Surgery

JAMES J. VERNER, M.D.

Total Joint Surgery of the Hip and Knee

Revision Hip and Knee Surgery

Minimally Invasive Hip and Knee Arthroplasty

KYLE ANDERSON, M.D.

Sports Medicine

Arthroscopic Surgery

Shoulder and Elbow Replacement

RONALD S. TAYLOR, M.D.

Physical Medicine & Rehabilitation

Electromyography & Electrodiagnosis

GINO R. SESSA, M.D.

Physical Medicine & Rehabilitation

Electromyography & Electrodiagnosis

PATIENT AUTHORIZATION FORM

In connection with your medical treatment, it may be necessary to refer you to physical therapy facilities. When appropriate, our office uses a facility which is owned or managed by members of this office. In addition to this physical therapy facility, there are other qualified facilities capable of providing the required services, including those at hospitals to which members of this office admit patients. If you wish, we will refer you to other qualified facilities.

We neither direct nor require you to use any facility which is owned or managed by members of this office. Your signature below acknowledges that this office has not directed nor required you to obtain physical therapy services from a facility in which any of our physicians have a financial interest.

Patient's Signature

Date