David N. Buchalter, M.D.
Orthopedic Surgeon
Diplomate, Board Certified by A.B.O.S.

Steve E. Meadows, M.D.
Diplomatic American Board of Orthopedic Surgery
General Orthopedics, Subspecialty in Shoulder, Elbow, Wrist & Hand Surgery

Russell D. Weisz, M.D.
Orthopedic Surgeon, Board Certified
Adult Trauma and Reconstruction
Geriatric Fractures

Brian E. Coleman, M.D.
Board Certified Foot & Ankle Specialist
Diplomate, American Board of Orthopedic Surgery

William P. Toole, M.D.
Sports Medicine, Arthroscopic Surgery
Cartilage Restoration
Hip Arthroscopy and Preservation

Jonathan M. Tarrash, M.D.
Board Certified in Pain Medicine
Physical Medicine and Rehabilitation

CONSENT TO RELEASE PATIENT RECORDS/OTHER INDIVIDUALS AUTHORIZED

I hereby authorize South Palm Orthopedics to release copies of my medical records to the following individuals, i.e. primary physician/other physician, family members, friends, etc.

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Please print name of individual primary physician/other physicians.
May we contact the individual? Yes □ No □

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Please print name of family member, friend, or other, and their relationship to you, etc. to discuss your care of treatment and/or your billing information.
May we contact the individual? Yes □ No □

I understand that the information in my record authorized for disclosure may include information relating to sexually transmitted disease (STD), AIDS/ARC/HIV. It may also include information about treatment for alcohol or drug abuse and information about behavioral or mental health services (further redisclosure governed by 42 CFR Part 2)

I also understand that any topic discussed during my medical treatment was documented, and therefore will be released.

______________________________________ ________________________

Signature Date

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Patient's Printed Name