The ORTHOPEDIC CENTER OF ST. LOUIS

Mahesh R. Bagwe, M.D.
Wendell W Becton M.D.
David M. Brown, M.D.
Luke S. Choi, M.D.
Benjamin P. Crane, M.D.
Matthew F. Gornet, M.D.

Lyndon B. Gross, M.D.,Ph.D.
John O. Krause, M.D.
Nathan A. Mall, M.D.
Mark D. Miller, M.D.
George A. Paletta Jr., M.D.
Mitchell B. Rotman, M.D.

Consent to Release Information

I,_____, authorize The Orthopedic Center of St. Louis staff to discuss my medical treatment and any billing issues with the following people: (Please list any family members, friends, or legal counsel with whom we are allowed to discuss your treatment or billing issues.)

_____ Relation: _____

_____ Relation: _____

_____ Relation: _____

_____ Relation: _____

Patient Signature: _____ Date: _____
(Parent or Guardian Signature if a minor)

Patient Signature (2nd Annual): _____ Date: _____