

K·S·F  
ORTHOPAEDIC  
C E N T E R

**Andrew P. Kant, M.D.**  
Spine Surgery  
General Orthopaedics

**Mark A.S. Stuart, M.D., F.R.C.S.**  
Arthroscopic Knee  
& Shoulder Surgery

**Ray M. Fitzgerald, M.D., F.A.C.S**  
Arthroscopic Knee & Shoulder Surgery  
Sports Injuries  
General Orthopaedics

**S. Michael Dean, M.D., Ph.D.**  
Shoulder, Knee, Foot & Ankle Surgery  
General Orthopaedics

**Albert D. Cuellar, M.D.**  
Adult Joint Reconstruction  
General Orthopaedics

**Samuel J. Alianell, M.D.**  
Physical Medicine & Rehabilitation  
Electromyography

**Raul Sepulveda, M.D.**  
Neurosurgery

**Alan Rosen, M.D.**  
Hand & Upper Extremity Surgery  
Microvascular Surgery  
General Orthopaedics

**Thomas J. Cartwright, M.D.**  
Spine Surgery  
General Orthopaedics

**James R. Parker, M.D.**  
Sports Medicine General  
Orthopaedics

**Korsh Jafarnia, M.D.**  
Hand & Upper Extremity  
Surgery  
General Orthopaedics

**Lance M. Silverman, M.D.**  
Foot & Ankle Surgery  
General Orthopaedics

**Travis W. Hanson, M.D.**  
Foot & Ankle Surgery  
General Orthopaedics

**CONCENTRA RELEASE**

I \_\_\_\_\_ hereby authorize KSF ORTHOPAEDIC CENTER to release information acquired in the course of my examination and treatment to CONCENTRA MEDICAL CENTERS.

I understand that the specific information to be released may include, but is not limited to history, diagnosis and/or treatment of drug or alcohol abuse, mental/psychiatric related illnesses or communicable disease, including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS).

**I have read and understand this consent, and I have signed it voluntarily and of my own free will.**

KSF ORTHOPAEDIC CENTER and its employees are hereby released from legal responsibility or liability for the release of information contained in the medical record.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date