

KYLE ANDERSON, M.D.
Sports Medicine
Arthroscopic Surgery
Shoulder and Elbow Replacement
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
THOMAS J. DITKOFF, M.D.
Pediatric Orthopaedics
Adult Reconstructive Surgery
Arthroscopy and Sports Injuries
PETER R. DONALDSON, M.D.
Sports Medicine
JEFFREY S. FISCHGRUND, M.D.
Adult and Children's Spinal Disorders
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
JERRY A. MATLEN, M.D.
Adult Reconstructive Orthopaedic Surgery
Hip and Knee Joint Replacement

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ORTHOPAEDIC SURGERY
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RACHEL S. ROHDE, M.D.
Orthopaedic Upper Extremity Surgery
Hand and Microvascular Surgery
GINO R. SESSA, M.D.
Physical Medicine & Rehabilitation
Electromyography & Electrodiagnosis
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
RONALD S. TAYLOR, M.D.
Physical Medicine & Rehabilitation
Electromyography & Electrodiagnosis
EERIC TRUUMEEES, M.D.
Adult and Children's Spinal Disorders
Reconstructive Surgery of the Neck and Back
JAMES J. VERNER, M.D.
Total Joint Surgery of the Hip and Knee
Revision Hip and Knee Surgery
Minimally Invasive Hip and Knee Arthroplasty
MARTIN L. WEISSMAN, M.D.
Retired
KENNETH W. GITLIN, M.D.
Retired

PATIENT AUTHORIZATION FORM

In connection with your medical treatment, it may be necessary to refer you to physical therapy facilities. When appropriate, our offices use 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 Signature

Date