

Central Texas Pediatric Orthopedics and Scoliosis Surgery

Central Office:

1301 Barbara Jordan Blvd., Suite 300
Austin, TX 78723

Cedar Park:

1301 Medical Parkway Suite 330
Cedar Park, TX 78613

South:

1221 W Ben White Blvd. Suite 250B
Austin, TX 78704

Four Points (PT only):

6911 N FM 620 Suite C200
Austin, TX 78732

Westlake (PT only):

3532 Bee Caves Rd., Suite 110
Austin, TX 78746

South (PT only):

1807 W. Slaughter Ln., Suite 600
Austin, TX 78748

Release of Information

I, _____, give Central Texas Pediatric Orthopedics (CTPO)
(Patient's name)
authorization to speak to my parents or legal guardians regarding my medical care and
treatment. I also authorize CTPO to release medical information to my parents or legal
guardians. CTPO may speak to:

(Name/relation)

(Name/relation)

(Name/relation)

(Name/relation)

Patient Signature

Date

Verbal consent given by: _____

Witness: _____

Jay Shapiro, M.D. – John Williams, M.D. – Robert Dehne, M.D. – M. Catherine Sargent, M.D. –
Ryan C. Murdock, M.D. – Hilton P. Gottschalk, M.D. – Matthew Ellington, M.D. – Brian Kaufman, M.D. –
Christopher D. Souder, M.D.

Kevin McHorse, PT, SCS, Cert. MDT – Brian Kratz, PT, SCS, MSPT – Megan Redlich, PT, DPT, Cert. MDT –
Chelsey Walker, PT, DPT – Sarah Luin, PT, DPT, PRC – Jimmy Simmonds, PT, MSPT – Karen Ayala, OTR, CHT