

EAST OFFICE

2424 N Wyatt Drive
Tucson, Arizona 85712
(520) 784-6200

Fax: (520) 784-6109

- ERIC P. ANCTIL, M.D.
- JEFFREY M. BARON, M.D.
- CARYL S. BRAILSFORD, M.D.
- BRADLEY J. BRAINARD, M.D.
- RUSSELL O. COHEN, M.D.
- STEPHEN L CURTIN, M.D.
- SCOTT L. EVANS, D.P.M.
- JOEL R. GOODE, M.D.
- SCOTT D. GOORMAN, M.D.
- LAWRENCE R. HOUSMAN, M.D.
- GERARD K. JEONG, M.D.
- JAY A. KATZ, M.D.
- JAMES H. LEVI, M.D.
- EUGENE Y. MAR, M.D.
- BRIAN B. NIELSEN, M.D.
- MICHAEL A. PARSEGHIAN, M.D.
- LUIS A. PIEDRAHITA, M.D.
- MURRAY F. ROBERTSON, M.D.
- SCOTT V. SLAGIS, M.D.
- TODD J. TUCKER, M.D.
- DOUGLAS A. WEGNER, M.D.
- JOHN J. WILD, JR., M.D.
- DERRIK F. WOODBURY, M.D.
- STEVEN C. ZEILLER, M. D.

NORTHWEST OFFICE

6320 N. La Cholla Blvd. Ste. 200
Tucson, Arizona 85741
(520) 382-8200

Fax: (520) 297-3505

ORO VALLEY OFFICE

1521 E. Tangerine Rd, Suite 101
Oro Valley, Arizona 85755
(520) 544-9700

Fax: (520) 618-6060

ST. MARY'S OFFICE

1712 W Anklam Rd, Suite 101
Tucson, Arizona 85745-2660
(520) 882-0696

Fax: (520) 297-3505

- TRACY L. ALLEN, M.D.
- KEVIN W. BOWERS, M.D.
- STEPHEN E. HANKS, M.D.
- GEOFFREY S. LANDIS, D.O.
- JOHN A. MALTRY, M.D.
- WILLIAM D. PRICKET, M.D.
- WILLIAM J. QUINLAN, M.D.
- STEVEN A. SHAPIRO, M.D., F.A.A.O.S
- MICHAEL T. VERCILLO, M.D.
- JON B. WANG, M.D.
- STEVEN C. ZEILLER, M. D.

PHYSICAL THERAPY

(520) 784-8570

IMAGING CENTER

2191 E. RIVER ROAD
TUCSON, ARIZONA 85718

RESEARCH CENTER

NEBOJSA SKREPNIK, M.D., PH.D.

ADMINISTRATION

GREG WATERS, CEO



CONSENT TO TREAT

By signing this form I consent to treatment by my primary
Tucson Orthopaedic Institute (TOI) physician

_____ M.D.
I am aware if my primary TOI physician is unavailable, I will
be seen and treated by another TOI physician providing cover-
age for the Tucson Orthopaedic Institute, P.C. Physicians.

Signature of Patient/Responsible Party

Date

PAYMENT POLICIES/INSURANCE RELEASE

Tucson Orthopaedic Institute, P.C. will file insurance claims
for Medicare services, Worker's Compensation Services, all
contracted insurance carriers and all surgical services. I under-
stand that any balance of my account is solely my responsibil-
ity. I authorize release of medical information for my insurance
claims, and authorize payment of insurance benefits to Tucson
Orthopaedic Institute, P.C. I am responsible for attorney fees
incurred for collection purposes.

Signature of Patient/Responsible Party

Date