

FORT LAUDERDALE
ORTHOPAEDIC SURGERY & SPORTS MEDICINE

RICHARD D. GOLDSTEIN, M.D.* • KEVIN B. SHROCK, M.D.* • MATTHEW E. WELLS, M.D.**

**Diplomate American Board of Orthopaedic Surgery*

***Board Eligible*

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ have received the Notice of Privacy Practices
From Fort Lauderdale Orthopaedic Surgery & Sports Medicine, P.A..

X _____ DATE: _____

In lieu of patient signature, I, _____, a staff member of Fort
Lauderdale Orthopaedic Surgery & Sports Medicine state that _____
_____, has been given our current Notice of Privacy Practices.

X _____ DATE: _____

1414 Southeast 3 Avenue
Fort Lauderdale, FL 33316
954-764-8033
Fax: 954-764-5522

Respond to:
Fl. Laud. Weston

2300 North Commerce Parkwa
Suite 307
Weston, FL 33326
954-217-7333
Fax: 954-217-2725