



Sports Medicine Concepts' Case Report Release Form

Release of information for case report:

Date: _____

I, _____ freely give my consent for the release of information regarding my medical history, injury, surgery, and rehabilitation for use in the following case report, which is being submitted to *Sports Medicine Concepts, Inc.*:

Author(s):

Title:

I understand that this information may be used in publication and that my name will remain confidential.

Signature: _____

Witness: _____