



Orthopedics & Spine Center

AUTHORIZATION TO USE AND DISCLOSE PRIVATE HEALTH INFORMATION.

Patient Name, Date of Birth, Address, Social Security #, City, State, Zip Code, Phone

Clinic: Information released from:

Clinic Name/Provider, Address, City, State, Zip Code, Phone, Fax

Recipient: Information released to:

Clinic Name/Provider, Address, City, State, Zip Code, Phone, Fax

Information to be disclosed:

All Medical Records, X-ray Films, Special Tests, Date (s) of service requested, Billing, X-ray Reports, Clinic visit notes, Lab Results

Reason for Release:

Legal, Selected New Physician, Personal, Consult/Second Opinion, Moving out of Town, Insurance Change, Upcoming Appt, (Date)

Note: If over 20 pages we are unable to fax these records they will be mailed.

Revocation: I understand that I may revoke this consent at any time in writing and that the consent will automatically expire 90 days from the date of my signature.

Authorization: I authorize the above provider to release the information marked above to the recipient.

Signature of Patient/Guardian

Relationship to Patient if signed by Guardian

Today's Date

Reason Patient Unable to Sign

Date Received, Date Records Copied, By

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Trauma Service: Bharat M. Desai, M.D., Peter N. Lammens, M.D., Michael K. Morley, D.O., Patrick J. McNair, M.D., Edmund B. Rowland, M.D.

Total Joint Service: Mark F. Mills, M.D., Peter N. Lammens, M.D., Michael K. Morley, D.O., Douglas J. Strahley, M.D., Raeburn M. Jenkins, M.D.

Sports Medicine Service: Walter G. Robinson, M.D., Eric J. Stahl, M.D., Douglas J. Strahley, M.D., Mitchell D. Seemann, M.D., Douglas A. Foulk, M.D., James T. Johnson, M.D., Charles A. Gottlob, M.D., Patrick J. McNair, M.D.

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Hand Service: Christopher M. Brian, M.D., Edmund B. Rowland, M.D.

Chief Executive Officer: Eric Worthan, MHA

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