

Orlin & Cohen Medical Specialists Group

Sports Medicine, Joint Replacement, Arthroscopy & Reconstructive Surgery, Foot & Ankle Surgery, Knee & Shoulder Reconstruction, Spinal Surgery & Pain Management, Hand & Elbow Surgery, Trauma

REQUEST FOR MEDICAL RECORDS

Xray CDs are \$10.00. Original xrays cannot be released.

Paper records are \$.75 per page.

I, the undersigned Patient (and/or Legal Representative), would like copies of the following patient medical records:

Documents: _____

Dates of Service: _____

FORMAT TYPE: Please check one
_____ PAPER _____ FAX

Xray CD: Date of Service: _____

___ I would like copies of my records to be released to:

NAME: _____

ADDRESS: _____

EMAIL: _____

FAX#: _____

Signed: _____ Date: _____

Patient Name: _____

Date of Birth: _____ Phone #: _____

If access to patient records is requested by someone other than the patient, please describe below the relationship of the requestor to the patient:

This medical release will expire on _____. (Month/Day/Year)

*Please note that the patient must write an expiration date above.

*NOTE: DEPENDING ON THE QUANTITY, THERE MAY BE A FEE OF \$.75 PER PAGE FOR PAPER RECORDS. XRAY COPIES ARE \$10.00 PER CD (ALL INCLUSIVE)
PLEASE BE AWARE THAT THERE IS A 7-10 BUSINESS DAY PROCESSING TIME.