

# **ORLIN & COHEN ORTHOPEDIC ASSOCIATES, LLP**

**SPORTS MEDICINE, TRAUMA, SCOLIOSIS, SPINAL AND RECONSTRUCTIVE SURGERY**

## **REQUEST FOR MEDICAL RECORDS**

**Xray copies are \$7.00 per film/\$10.00 per CD. Original films cannot be released.**

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      \_\_\_\_\_ CD

Xrays: FILM or CD \_\_\_\_\_

\_\_\_ I would like copies of my records to be released to:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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:

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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. FILM COPIES ARE \$7.00 PER FILM OR \$10.00 PER CD (ALL INCLUSIVE) PLEASE BE AWARE THAT THERE IS A 7-10 BUSINESS DAY PROCESSING TIME.