

# Plancher Orthopaedics & Sports Medicine

## Medical Record Release

Last Name:

First Name:

Date of Birth

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Please check all that apply:

- Doctors Reports x
- Operative Reports x
- MRI Reports x
- CT Scan Reports x
- Xrays Reports x
- Ultra Sound Repo x
- Lab Reports x

- CD containing all radiology images (\$20.00 for CD)

Other: \_\_\_\_\_

(.55¢ per page - CT | .75¢ per page - NY)

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Please release medical records to:

Last, First Name:

Company Name:

Address:

Phone Number:

Medical records requests will require a prepayment fee for copies. This authorization is good for 90 days from the date of signature. Photocopies and faxed copies of this form are valid.

Signature: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Date: \_\_\_\_\_

**OUR FAX:**

**CT OFFICE - (203) 863-2025**

**NY OFFICE - (212) 876-4440**

**PLEASE ALLOW 6-8 WEEKS FOR PROCESSING OF MEDICAL RECORDS**