

Plancher Orthopaedics & Sports Medicine
Medical Record Release

Last Name:

First Name:

Date of Birth

Please check all that apply:

- Doctors Reports
- Operative Reports
- MRI Reports
- CT Scan Reports
- Xrays Reports
- Ultra Sound Reports
- Lab Reports
(.75¢ per page)

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

Please release medical records to:

Last, First Name:

Company Name:

Address:

Phone Number:

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

Signature: _____

Date: _____

OUR FAX:
CT OFFICE - (203) 863-2025
NY OFFICE - (212) 876-4440

PLEASE ALLOW 3 WEEKS FOR PROCESS OF MEDICAL RECORDS