ORTHOPEDIC SURGEONS

7331 College Parkway, Suite 300
Fort Myers, Florida 33907
Phone: (239) 337-2003

1020 Crosspointe Dr., Suite 110
Naples, Florida 34110
Fax (239) 337-3168 **www.jointimplant.com**

Edward T. Humbert, D.O. Dennis O. Sagini, M.D. James A. Bynum, M.D. David E. Eichten, D.O.
Jeffrey S. Henn, M.D. Evgeny E. Krynetskiy, M.D. Andrès Melèndez-Dedòs, M.D.

MEDICAL RECORDS RELEASE AUTHORIZATION FOR XRAYS

PLEASE PRINT NAME CLEARLY ____

PHONE: (   ) ___________ - ____________ D.O.B. _____/______/______

I HEARBY AUTHORIZE JOINT IMPLANT SURGEONS OF FLORIDA TO RELEASE COPIES OF THE FOLLOWING RECORDS:

_________ X-RAYS _____________ MRI

PURPOSE OF RELEASE (CHECK ALL THAT APPLY)

_________ CONTINUING OF CARE _____________ PERSONAL

_________ INSURANCE _____________ LITIGATION

PLEASE INITIAL THE FOLLOWING:

☐ THERE WILL BE A $10.00 CHARGE FOR XRAYS. THESE WILL BE PROVIDED ON A DISC.

☐ I UNDERSTAND AND AGREE TO PAY FOR THE DISC BEFORE OR AT THE TIME OF PICK UP.

☐ I UNDERSTAND THERE WILL BE A $15.00 CHARGE FOR XRAYS TAKEN PRIOR TO 10/3/2011.

PATIENT SIGNATURE ____

Date: ______/______/______

THIS AUTHORIZATION EXPIRES ON THE FOLOWING DATE: ______/______/______
(IF DATE OF EXPIRATION IS NOT SPECIFIED, THIS RELEASE EXPIRES ONE YEAR FROM TODAYS DATE)

****NOTE: XRAY COPY REQUESTS REQUIRE (5) FIVE BUSINESS DAYS TO PROCESS**