

7331 College Parkway, Suite 300
Fort Myers, Florida 33907



1020 Crosspointe Dr., Suite 110
Naples, Florida 34110

Phone: (239) 337-2003 Fax (239) 337-3168 medicalrecords@jointimplant.com

Edward T. Humbert, D.O. Dennis O. Sagini, M.D. James A. Bynum, M.D. David E. Eichten, D.O.
Jeffery Henn M.D. Evgeny E. Krynetskiy, M.D. Andrés Meléndez-Dedòs, M.D.

MEDICAL DOCUMENT FORMS RELEASE OF AUTHORIZATION

PRINT NAME _____ D.O. B. ____/____/____ PHONE: (____) _____

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

Medical Record Forms

- FMLA Disability
- Attending Physician Statement
- Return to Work
- Workers Compensation
- Other _____

Medical Records

- Office Notes (Reports Only)
- Operative Report
- Diagnostic (Report Only)
- Other _____

Please check the following:

- I understand there will be a \$15.00 charge for each packet the physician fills out.*
- I understand that ALL forms require 7 to 10 business days to be completed.*

RELEASE INFORMATION TO: _____

Phone (____) ____-____ Fax (____) ____-____

Requesting forms to be: Faxed Mailed Pick Up

PATIENT SIGNATURE _____ DATE: ____/____/____

Office Use Only: Employee Initial _____ Payment: _____ Completed _____