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**MEDICAL RECORDS RELEASE AUTHORIZATION**

PRINT NAME \_\_\_\_\_ D.O. B. \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Medical Record Reports Only**- All record requests are processed with-in 7 -10 business days

**Please Check the Following:**

- Office Notes (Reports Only)
- Operative Report
- Diagnostic (Reports Only)
- 3 or Less Records
- All Records
- Other \_\_\_\_\_

- I understand that only 3 office records can be processed for pick up at the office.
- I understand to Allow 7-10 business days and a charge of \$15.00 for 3 or more records.

**X-Ray/MRI Image CD Only** -All X-ray requests require a minimum of 5 business days to process

Please check one of the following options:

**Pick up in office**

- I understand there will be a \$10.00 charge for x-rays cd disc.

**Mail**

- I understand there will be a \$15.00 charge for x-rays cd disc to be mailed.

**RELEASE INFORMATION TO:** \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Requesting forms to be:  Faxed  Mailed  Pick Up

PATIENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only: Employee Initial \_\_\_\_\_ Payment: \_\_\_\_\_ Completed \_\_\_\_\_