

LONG ISLAND BONE & JOINT, L.L.P.

RECORDS RELEASE AUTHORIZATION

Patient Name: _____

Date of Birth: _____

Account #: _____

Please select one of the options below. Paper records can be mailed, faxed or picked up. Your X-rays/MRI can be made available for pick up on a CD for \$10.00. Please contact the office for more information.

<input type="radio"/> Fax my records
Fax #:
Attention#:
Company Name:

<input type="radio"/> Mail records
Name:
Address:

<input type="radio"/> Pickup
Name of authorized person:
Relationship to patient:

Unless specified below, we will release all office notes on file. If you require specific documents or dates of service please specify below:

Signature of Patient/Legal Guardian: _____

Print Name: _____ Date: _____