

Adult and Pediatric Orthopaedic Specialists

A Medical Group, Inc.

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MEDICAL RECORDS RELEASE FORM

Due to HIPPA regulations, it is a requirement to fill out a medical records release form in order to obtain any medical records from our facility. Please fill out the information. Thank you.

Patient's Name: _____

Patient's Date of Birth: _____

Are these records being requested?

For yourself _____ *To send to another physician _____

Physican's Name (requesting records) _____

Physican's Phone Number: _____ FAX: _____

Types of records being requested (dictated reports, x-rays, lab results, etc.)

X _____ Date: _____

Signature of Patient, Parent, or Legal Guardian

1310 W. Stewart Drive Suite 508 Orange, CA 92868 Phone: (714) 633-2111 Fax: (714) 633-5615
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