Pediatric Orthopaedic Specialits of Orange county

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 reques		
For yourself	*To send to another physician	
Physican's Name (requesting re	ecords)	
Physican's Phone Number:	FAX:	
Types of records being request	red (dictated reports, x-rays, lab results, etc.)	
X	Date:	
Signature of Patient Parent (

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