
ORLIN & COHEN ORTHOPEDIC ASSOCIATES, LLP

SPORTS MEDICINE, TRAUMA, SCOLIOSIS, SPINAL AND RECONSTRUCTIVE SURGERY

REQUEST FOR MEDICAL RECORDS

Original films can't be released. Copies are \$7.00 per film

I, the undersigned Patient (and/or Legal Representative), would like copies of the following patient medical records, (including any applicable dates).

____ I would like copies of my records to be sent to the following address:

Signed: _____

Print Name: _____

Date of Birth: _____

Date: _____

If access to patient records is requested by someone other than the patient, please describe below the relationship of the requestor to the patient:

***NOTE: DEPENDING ON THE QUANTITY, THERE MAY BE A FEE OF \$.75 PER PAGE FOR COPYING.**

PLEASE BE AWARE THAT THERE IS A 7-10 BUSINESS DAY PROCESSING TIME.