



Lincoln Orthopaedic Center
Dedicated Surgical Expertise

MEDICAL RECORDS RELEASE

<p>PATIENT IDENTIFICATION</p>	<p>Name: _____ _____ Last First MI Date of Birth: ____ / ____ / ____ Maiden / Other Names Known By: _____</p>
<p>CONTACT INFORMATION (For Patient)</p>	<p>Address: _____ - City: _____ State: _____ Zip: _____ _____ Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____</p>
<p>RELEASE RECORDS TO (Recipient)</p>	<p>Name: _____ - Address: _____ - City: _____ State: _____ Zip: _____ _____ Day Phone: _____ - _____ - _____ Fax: _____ - _____ - _____</p>
<p>INFORMATION REQUESTED</p>	<p><input type="checkbox"/> What Body Part?: _____ <input type="checkbox"/> All Records <input type="checkbox"/> Medical Records <input type="checkbox"/> Films <input type="checkbox"/> Billing Statement Only Other: _____ _____ Dates to be Included: _____</p>
<p>PURPOSE OF RELEASE</p>	<p><input type="checkbox"/> Legal <input type="checkbox"/> Changing Physicians <input type="checkbox"/> Continuing Care <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Consultation/ Second Opinion <input type="checkbox"/> Other (e.g., patient request): _____</p>

FOR OFFICE USE ONLY

Date Filled: ____ / ____ / ____ By: _____ Medical Record No.: _____

