

GENESEE ORTHOPAEDICS AND SPORTS MEDICINE, LLP

33 Chandler Ave
Batavia, NY 14020
Phone 585-343-9676
Fax 585-343-1047

MEDICAL RECORDS RELEASE

I hereby request that my medical records **from**:

Name of Doctor or Facility_____

Address_____

Fax Number_____

Be **released** to:

Name of Doctor or Facility_____

Address_____

Fax Number_____

The following information may be released (it must be specific):

Office Notes (dates)_____

Tests (types/dates)_____

Hospital Notes (types/dates)_____

Other (specify)_____

This release is for one-time use only. Any future requests will need a new signed release by me. I have the right to revoke this authorization at any time. I understand that this must be done in writing to Genesee Orthopaedics.

Patient Name_____

Date of Birth_____

Signature of Patient_____

Signature of Parent/Guardian_____

Date of Signature_____

Staff Notes: Records sent on:_____ Prepared by:_____ 1/09