

B E C K E R
O R T H O P E D I C S
Advanced skills and experience for the results you deserve

3501 Health Center Boulevard, Suite 2440
Bonita Springs, Florida 34135
Phone: 239-949-3045 Fax: 239-949-3015

I hereby authorize Becker Orthopedics to release to:

Name

Address

City, State, Zip

the following:

- _____ All medical records (copies)
- _____ X rays (cd or originals)
- _____ MRI cd (copies or originals)
- _____ Other (specify) _____

Patient's name (printed)

____/____/____
DOB

Signature (indicate if other than patient)

Date

Signature of witness

Patient's account number: _____

Date sent: _____

By: _____

The following was sent: _____ Copies of medical records

_____ Copies of x rays and reports

_____ Other (specify) _____
