ORTHOPAEDIC PHYSICIANS & SURGEONS, P.C.

Gregory P. Charko, M.D.
DIPLOMATE OF AMERICAN
BOARD OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY
OF ORTHOPAEDIC SURGEONS

John W. King, D.O.
DIPLOMATE AMERICAN
OSTEOPATHIC BOARD OF
ORTHOPAEDIC SURGERY

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS FROM O.P.S.

I hereby authorize Orthopaedic Physicians and Surgeons, P.C., to release information pertaining to the medical records of:

Name of Patient: _____

Address: _____

Date of Birth: _____

I authorize the release of information to:

Name: _____

Address: _____

Purpose or need for disclosure: _____

The information to be released is as follows:

_____

I hereby release the facility, the attending physician and all of its employees from any and all liability whatsoever pertaining to the said use of my records. I understand further that these records, or photocopies thereof, will be delivered physically or by mail to the above named.

This authorization is subject to revocation at any time. Without prior authorization will automatically expire ninety (90) days from this date. The party signing this authorization has a right to receive a copy of it.

Patient: _____ Date: _____
Or
Legal Representative: _____ Date: _____

If other than patient, basis of authority: _____

Witness: _____ Date: _____

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ORTHOPAEDIC SURGERY

RECORDS REQUEST

To: _____

_____

I hereby authorize and request that you release to:

Orthopaedic Physicians & Surgeons, P.C.
Gregory P. Charko, M.D.
John W. King, D.O.
975 Lehigh Avenue
Union, NJ 07083

the complete history records in your possession concerning my illness and/or treatment during the period from _____to_____.

_____

Name:_____Date of Birth: _____

Address: _____

Signature: _____Date:_____

PLEASE FAX RECORDS TO (908) 687-7886.

975 LEHIGH AVENUE • UNION, NEW JERSEY 07083 • Telephone (908) 686-1488 Fax (908) 687-7886
329 AMBOY AVENUE • WOODBRIDGE, NEW JERSEY 07095 • Telephone (732) 634-4900 Fax (732) 636-5666