

KATZ ORTHOPAEDIC INSTITUTE

RICHARD J. KATZ, MD, FAOS

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OUTGOING MEDICAL RECORDS RELEASE

Policy: At no charge we send a full summary to your new practice that includes all relevant medical data (progress notes, labs, proc, etc...). If you want your entire chart copied the cost is \$ 1.00 per page for the first 25 pages and 25 cents per page thereafter. Payment is due before the records can be sent out.

Date: _____ I give permission for Katz Orthopaedic Institute to release the following patient's records:

Patient Name: _____ DOB: _____

What will I receive? Summary Page Entire Chart X-ray

How will I receive? Pick up Mail Fax

Practice/Hospital Name: _____ Phone #: _____

Address: _____ City: _____

State: _____ Zip code: _____ Fax #: _____

Relationship to patient: Self Parent Legal Guardian Other: _____

Signature _____ Print Name _____ Date _____

Reason for leaving the practice: Moving out of area Change of Insurance _____

Problems (explain): _____

Balance Checked: No Balance Balance \$ _____ Why? _____

OK to release records: _____ **RICHARD J. KATZ, MD, FAOS**

Comments: _____

Signature of Witness: _____ Date: _____