

REQUEST for MEDICAL RECORDS

patient name	social security number - -
address 1	date of birth / /
address 2	account number
city state zip	medical record number

I, the undersigned on behalf of the above named patient, hereby authorize

name
address 1
address 2
city state zip

to release to F.A.SLEZAK, MD or J.A.PORTER, MD

and

ASSOCIATED SURGICAL SPECIALISTS, LTD

95 ARCH STREET, SUITE 150
AKRON, OHIO 44304
330-564-0728
FAX 330-564-0733

the following specific information checked below regarding the diagnosis and treatment of the patient.

- | | |
|--|---|
| <input type="checkbox"/> OFFICE NOTES | <input type="checkbox"/> ENDO/OPERATIVE REPORTS |
| <input type="checkbox"/> PATHOLOGY REPORTS | <input type="checkbox"/> LABORATORY REPORTS |
| <input type="checkbox"/> RADIOLOGY REPORTS | <input type="checkbox"/> ALL RECORDS |

This authorization for release of information is valid for sixty (60) days but may be revoked by the patient at any time except to the extent that action has been taken in reliance thereon.

I understand and acknowledge that the medical record may contain information regarding psychiatric disorders, drug/alcohol abuse, HIV test results, a diagnosis of AIDS or an AIDS related condition and I expressly consent to the release of any such information contained in the records designated below. I agree further that a photocopy of this authorization shall be as effective as the original.

Authorizing signature: _____ on ____/____/____

Signed by: Patient Parent Guardian Other (_____) Authorization attached

DISPOSITION OF COPIES – OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> MAILED (____/____/____) | <input type="checkbox"/> REGISTERED MAIL (____/____/____) |
| <input type="checkbox"/> NOTARIZED (____/____/____) | <input type="checkbox"/> FAXED (____/____/____) |
| <input type="checkbox"/> HAND DELIVERED (____/____/____) | <input type="checkbox"/> PICKED UP AT OFFICE (____/____/____) |
| <input type="checkbox"/> CHART REVIEWED BY _____ (____/____/____) | <input type="checkbox"/> RECORDS PREPARED BY _____ (____/____/____) |