



Advanced Orthopedic Specialists

Providing state of the art orthopedic care in a friendly environment

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Matthew Kenny, PA-C

Authorization for Release of Medical Information

Patient Name: _____

Social Security Number: _____

Date of Birth: _____

Daytime Phone Number: _____

I, _____, authorize
Advanced Orthopedic Specialists to RELEASE / OBTAIN: (circle one)

___ Outpatient Reports

___ Laboratory Tests

___ Inpatient Reports

___ Itemized Billing

___ X-Ray Reports

___ X-Rays

___ All Information

___ Other: _____

TO / FROM: (circle one) _____

Patient/Legal Guardian Signature

Date

Witness Signature

Date

This authorization will expire six months after the date of request. Egl/021908