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 Garvin Yee, M.D.
 Mark Waeltz, M.D.
 Veronica Pedro, M.D.
 Michael Mikolajczak, D.O.
 Jose Ortega, M.D.
 Jorge Acevedo, M.D.



Robert Lins, M.D.
 Robert Rochman, M.D.
 Nicholas Sama, M.D.
 George M. Botelho, M.D.
 David R. Simpson, M.D.
 Laura E. White, M.D.
 Dana Desser, D.O.

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 www.boneandjoint.org

MEDICAL RELEASE AUTHORIZATION

Patient Information

Patient's Name _____

Date of Birth _____

I would like to:

- Provide the selected Physician with a complete copy of my medical records.
- Provide a copy of the following records: _____

I hereby authorize my Medical Records to be released to: (Check appropriate box.)

Please fax all records to the number listed adjacent to the physician's name.

- | | | | |
|--|----------------|---|----------------|
| <input type="checkbox"/> Harvey Montijo, M.D. | (561) 803-8700 | <input type="checkbox"/> Robert Lins, M.D. | (561) 803-8790 |
| <input type="checkbox"/> Garvin Yee, M.D. | (561) 803-8710 | <input type="checkbox"/> Robert Rochman, M.D. | (561) 633-4300 |
| <input type="checkbox"/> Mark Waeltz, M.D. | (561) 803-8720 | <input type="checkbox"/> Nicholas Sama, M.D. | (561) 633-4310 |
| <input type="checkbox"/> Veronica Pedro, M.D. | (561) 803-8730 | <input type="checkbox"/> George Botelho, M.D. | (561) 633-4320 |
| <input type="checkbox"/> Michael Mikolajczak, D.O. | (561) 803-8740 | <input type="checkbox"/> David Simpson, M.D. | (561) 633-4330 |
| <input type="checkbox"/> Jose Ortega, M.D. | (561) 803-8770 | <input type="checkbox"/> Laura White, M.D. | (561) 633-4340 |
| <input type="checkbox"/> Jorge Acevedo, M.D. | (561) 803-8750 | <input type="checkbox"/> Dana Desser, D.O. | (561) 803-8780 |

Disclosure

By signing this form I am giving consent for disclosure of medical information will be honored for the request only and will not be transferable for any additional information without the express written consent of the patient. It expires immediately upon completion of this action. I understand I may revoke this consent at any time except to the extent that the action has been taken in reliance on my consent. No other disclosure to other parties by release is permitted without the express written consent of the patient. I have read and fully understand the above information and hereby give my permission.

Patient/Guardian Signature _____ Date _____