

ALL FLORIDA ORTHOPAEDIC ASSOCIATES

Lawrence M. Gnage, M.D.
Robert G. Hamilton, M.D.
Brett R. Bolhofner, M.D.
Dale G. Bramlet, M.D.
Clinton B. Davis, M.D.
Jorge A. Rodriguez, M.D.

Jeff D. Kopelman, M.D.
Kanta C. Shah, M.D.
William E. Lowry, M.D.
George H. Canizares, M.D.
Robert L. Swiggett, M.D.
Matthew D. Cusumano, D.O.
Matthew J. Swick, M.D.

Please allow 5-10 business days for processing of Records Requests.

REQUEST FOR RELEASE OF MEDICAL RECORDS

I hereby request that my medical records be released to:

Names: _____

Address: _____

City/State/Zip: _____

Please check the items that you are requesting below:

_____ **Office Notes** _____ **Labs** _____ **Op Reports**

_____ **X-ray Reports** _____ **X-ray/MRI films**

Additional Information: _____

Patient Name (Print Clearly): _____

Patient Signature: _____

Date of Birth: _____ **SS#:** _____

Account Number: _____

Medical Records Clerk

Date