



AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS

Patient Name: _____ Date: _____

Former Name(s), if any: _____ DOB: _____

*Please allow up to 30 days per CT State Requirements. In general patient records are picked up in person with picture ID per Red Flag Rules in the State of CT. Charges according to CT State Dept Health may apply. (\$.65 per page)

This Authorization will allow Comprehensive Orthopaedics (COMC) to provide me with my medical record information as designated below.

I acknowledge that once my patient information leaves the premises, COMC will no longer be able to protect the information, and recipients of the information may not be required to protect it.

Information to be sent:

_____ Progress Notes	_____ Doctor's orders
_____ Labs	_____ Operative Notes
_____ EMGs _____ X-ray report	_____ X-Ray Film (s)

(Please note if actual films are needed as there is an additional charge \$11/sheet)

_____ HIV/AIDS testing	_____ other diagnostic tests
_____ Mental health reports	
_____ Drug & alcohol treatment	Specify: _____
_____ Records from the following dates:	

Records Prepared by: _____ Date: _____

X-rays Prepared by: _____ Date: _____

From: _____ to _____

Reason for this request: _____

Signed: _____ ID Shown: yes no
 Person Picking up Records

Type of Picture ID: _____

Printed Name: _____ Date: _____

Date Picked up _____ Released by: _____
 (Print Staff Member Name & Initials)

- C. Robert Biondino, MD
- Aaron S. Covey, MD, MBA
- Jon C. Driscoll, MD
- Leonard A. Kolstad, MD
- David A. Monti, MD
- Ronald S. Par  t, MD
- Jeffrey T. Pravda, MD
- Paul H. Zimmering, MD
- Julia T. Jonathan, APRN
- Gina L. Morgenstein, PA-C

- COMPREHENSIVE
 PHYSICAL THERAPY**
- Raymond Ryan, PT, Director
 - Cynthia Desmarais, PT
 - Bridget Logan, PT
 - Elizabeth Rowell, PT
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 - Tracey Stratton, PTA

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