CALIFORNIA ORTHOPAEDIC SPECIALISTS

360 San Miguel Dr. Suite 701
Newport Beach, California 92660
Telephone (949) 759-3600 ext. 113 Attn: Ocean
Fax (949) 759-5017
Email: odejesus@calortho.org

Ralph J. Venuto, M. D.
Michael P. Weinstein, M. D.
Scott K. Forman, M. D.
Michael Walker, P. A.

Nicholas E. Rose, M. D.
Stephen A. Mikulak, M. D.
Theodore Gregorius, M. D.

Authorization to Release Medical Information

Patient's Doctor's Name: _____

Patient's Name (print): _____

Patient's Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please Release Any and All Medical Records to Include:

☐ Medical Records ☐ Billing Records ☐ X-rays Images

☐ Other _____

For the period: _____/_____/_____ to _____/_____/_____

Release Records To: _____

Address: _____

_____

Fax: _____ Phone: _____ Email: _____

Signature: _____ Date: _____

* Authorization expires six months from the date of this notice *****

Records for our office will be provided by us. You will be contacted by our office if payment is necessary. Please direct all questions regarding the copying and delivery of your records to our medical records department.

Do Not Write Below This Line *Office Use Only*

Request Sent to COS: _____ Patient Last Seen: _____