



**Boyette Orthopedics
& Sports Medicine, PA**

Release of Medical Records from other medical office to Boyette Orthopedics & Sports Medicine

2573 Stantonsburg Rd., Suite B
Greenville, NC 27834
Phone (252) 215-5200 Fax (252) 215-5201
www.boyetteorthopedics.com

Our Team: Working Together, Keeping You Active

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____
(Please circle preferred phone)

Email Address: _____

Please release my medical records to Boyette Orthopedics & Sports Medicine, PA

Date: _____ Other Facility/Practice Fax#: _____

Information Requested:

- | | | |
|---|--|---|
| <input type="radio"/> Office Visits | <input type="radio"/> Consultation Reports | <input type="radio"/> Pathology Reports |
| <input type="radio"/> Laboratory Reports | <input type="radio"/> Physical Therapy Reports | <input type="radio"/> Hospital Records |
| <input type="radio"/> Radiology Reports
(X-Ray, CT, MRI, Ultrasound) | <input type="radio"/> Workers Compensation | <input type="radio"/> All of the Above |

Reason For Release: Legal Move Consult/Second Opinion Personal

Any information sent to Boyette Orthopedics & Sports Medicine, PA is considered confidential and predisclosures are prohibited. I understand I may revoke this consent at any time and that the consent will automatically expire one year from the date of my signature. This authorization is good only to Boyette Orthopedics & Sports Medicine, PA and no other party will be entitled to the information listed on this authorization.

Authorized Requestor Signature: _____ Date: _____