

AUTHORIZATION FOR MEDICAL RECORDS RELEASE

Patient Name: _____ Birthdate: ____/____/____

Dates of service(s): _____

Information to be released from:

CALIFORNIA PACIFIC ORTHOPAEDICS

3838 California Street, Suite 715, San Francisco, CA 94118

3838 California Street, Suite 516, San Francisco, CA 94118

3838 California Street, Suite 108, San Francisco, CA 94118

1099 D Street, Suite 105, San Rafael, CA 94901

John P. Belzer, MD	Keith C. Donatto, MD	Robert E. Mayle, MD	Lindsey C. Valone, MD	Mackenzie Jassowski, PA-C
Peter W. Callander, MD	W. Scott Green, MD	H. Relton McCarroll, MD	James Aicardi, PA-C	Justin Matusalem, PA-C
Keith W. Chan, MD	Mark I. Ignatius, DO	Adrian J. Rawlinson, MD	Virginia Hoptman, PA-C	Ashley Peterson, PA-C
Christopher V. Cox, MD	James D. Kelly, MD	Mark A. Schrupf, MD	Ruth Kershaw, PA-C	Katherine Reiswig, PA-C
Jon A. Dickinson, MD	Grame Matthewson, MD	Frank H. Valone, III, MD	Lauren Kim, PA-C	Johnna Walker, PA-C

Information to Be Released:

- Physician Note(s): Includes X-ray Report In-Office Images X-ray/MRI/Ultrasound
- Image Report(s): MRI, CT, EMG etc Operative Report(s)
- Other (please specify) _____

This authorization is effective immediately and is subject to revocation at any time, except that action has already been taken. Otherwise, the authorization expires 1 year from the date of signing. I understand that this is a required consent and that I must voluntarily and knowingly sign this authorization BEFORE any records can be released, and that I may refuse to sign.

I further release my attending physician, consultants, the facility and employees from any liability arising from the release of information to the person(s) / agency designed above.

I understand that I have the right to receive a copy of this authorization upon my request.

Patient/Guardian Signature: _____ Date: _____

Relationship to Patient: _____

Urgent Request **Non-Urgent Request**

Pickup at 3838 California St, Ste 715, San Francisco, CA 94118

Pickup at 1099 D Street, Ste 105, San Rafael, CA 94901

Send Records To: _____

Completed by California Pacific Orthopaedics Staff Only: MRN: _____

Released by: _____ I.D Checked: _____ Date Released: _____