AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Today's Date: ________________________________

Patient's Name: ________________________________

Patient's DOB: ________________________________

MRN: ________________________________

Provider: ________________________________

TO WHOM IT MAY CONCERN:

We are pleased to provide you with these records, and they are released with the understanding that they are a permanent part of our records and the property of Coastal Orthopaedics, PC. If you would like your records sent to your doctor please fill in the lines below.

Doctor: ________________________________

Fax: ________________________________

By signing below you are acknowledging that you have picked up your medical records.

Patient Signature: ________________________________

Date: ________________________________

761 Main Avenue, Suite 115, Norwalk, CT 06851 ● 131 Kings Highway North, Westport, CT 06880
36 Old Kings Highway South, Darien, CT 06820 ● 30 East Avenue, New Canaan, CT 06840

P: 203-845-2200 ● F: 203-847-1940
www.coastalorthopaedics.com

Jerome Barton, MD ● Brian Bast, DO ● Robert Brady, MD ● Jeffrey DeLuca, MD ● Mark Fletcher, MD
Joshua Frank, MD ● Jay Kleeman, MD ● Michael Lynch, MD ● Paul Markey, MD
Nicholas Polifroni, MD ● Paul Protomastro, MD ● Michael Soojian, MD, ● Peter Stovell MD
Erica Bertoncini, PA-C● Greg Jenkins, PA-C● Jody Finnegan, PA-C ● Jan McCauley, PA-C