



Chesapeake Orthopaedic and Sports Medicine Center

A Division of The Centers for Advanced Orthopaedics

200 Hospital Drive 2nd Floor

Glen Burnie, MD 21061

410-768-5555, Fax 410-768-5835

MEDICAL RECORDS RELEASE AUTHORIZATION

I hereby authorize and request you to release to:

Name of Entity to Receive Records:

Street Address:

City, State, Zip:

The complete history records / X-rays in your possession concerning my illness and/or the treatment during the period from _____ to _____.

Patient Name:

Street Address:

City, State, Zip:

Account Number:

Date of Birth:

Signature of Patient or Legal Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____