

**GREENSBORO ORTHOPAEDIC CENTER**  
**Authorization to Release Medical Information**  
**MEDICAL RECORDS AND X-RAYS**

Your medical records and x-rays are legally the property of our office. We will make copies of your records and make available copies of your x-rays when sent to another physician of your choice. X-rays are a part of the patient's permanent record and should be returned to Greensboro Orthopaedic Center within fifteen (15) days. However, when x-rays are sent out of state or when medical records are for the patient's personal use, there is a minimal charge. The fee is due upon receipt of the x-rays and/or medical records. Medical records needed by liability insurance carriers or attorneys should be requested in writing by the carrier or attorney. There will also be a charge for this information.

**We require a minimum of 7 to 10 Days advance notice for you to pick up these records.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Telephone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ GOC Doctor: \_\_\_\_\_

Requested: Medical Records  X-Rays  Body Part: \_\_\_\_\_

Reason for Request: Second Opinion  Changing Doctor  Appointment Date \_\_\_\_\_

Personal  Date Requested \_\_\_\_\_

I \_\_\_\_\_ hereby request and authorize Greensboro Orthopaedic Center to release any and all information regarding my examination, care and treatment, including, but not limited to, information concerning my age, date of birth, address, social security number, employer and medical insurance, and to furnish copies of all medical reports, x-rays, laboratory tests, etc., containing this information and/or concerning my condition unless revoked in writing by me, to the following:

Name: \_\_\_\_\_

\_\_\_\_\_  
(Address) \ (City, State, Zip Code)

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Information taken by \_\_\_\_\_  
(GOC employee)

**PHYSICIAN ONLY**

Doctor: \_\_\_\_\_

Approval

Not Approved

\_\_\_\_\_  
(Physician Signature)

**NOTE: THERE WILL BE A \$15.00 CHARGE FOR PATIENT RECORDS. PATIENTS WILL BE CHARGED FOR A PERSONAL COPY, OR FOR THE TRANSFER OF THEIR RECORDS. SMART CORPORATION HAS BEEN CONTRACTED TO PROVIDE THIS SERVICE AND WILL INVOICE YOU DIRECTLY.**

\_\_\_\_\_  
(Received by)

\_\_\_\_\_  
Date