

Black  Kosempa  
 Coran  Pietrocarlo  
 Guten  Schneider  
 Kohn  Zoltan

**MEDICAL RECORDS RELEASE**

Report / Copy Fees

Pick Up  
 Mail  
 Fax

PATIENT NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ ACCT # \_\_\_\_\_

**REQUESTING:**

Medical record copies  
 X-rays (\_\_\_\_) original (\_\_\_\_) copy (CD)  
 WKC or WKC16B  
 Itemized bill  
 Certification needed

**TYPE OF ACCOUNT:**

Private (not related to WC or legal)  
 Worker's comp\*  
 MVA\*  
 Legal matter\*

\*Balance on account = \$ \_\_\_\_\_

RELEASE SIGNED:  Yes  No

NEEDED: \_\_\_\_ ASAP By: \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUESTED BY: \_\_\_\_\_

MAIL TO: \_\_\_\_\_

X-RAYS: Body part/extremity requested: R / L / Bil \_\_\_\_\_ # films \_\_\_\_\_

(\_\_\_\_) X-ray copy fee \$ \_\_\_\_\_ charge  
(\_\_\_\_) Certification fee \$ \_\_\_\_\_ charge  
(\_\_\_\_) Report \$ \_\_\_\_\_ charge  
(\_\_\_\_) Medical Records \_\_\_\_\_ pages \$ \_\_\_\_\_ charge  
(\_\_\_\_) Sales tax \$ \_\_\_\_\_ charge  
(\_\_\_\_) Mailing fee \$ \_\_\_\_\_ charge

**TOTAL DUE:** \$ \_\_\_\_\_

<b>PRE-PAY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PHYSICIAN APPROVAL \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

INITIALS \_\_\_\_\_ COPIED \_\_\_\_/\_\_\_\_/\_\_\_\_ BILLED \_\_\_\_/\_\_\_\_/\_\_\_\_ MAILED \_\_\_\_/\_\_\_\_/\_\_\_\_