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(Initial Here)

Center for Advanced Orthopedics
a division of The Centers for Advanced Orthopaedics, LLC
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Waldorf, MD 20602
(301) 645-5410 * (301) 862-7550
(301) 645-7680 Fax

I, _____ authorize the Center for Advanced Orthopedics (Dr. Shaheer Yousaf, M.D., FACS, FAAOA) to release any information and records for treatment or examinations rendered to me during the period _____ to _____.

Patient's Information (Required):

Patient Name: _____

Home Address: _____

_____

Date of Birth: _____ SSN: _____

Purpose for the request: _____

_____ _____
Patient's Signature Date

Please release this information to:

Company Name: _____

Mailing Address: _____

_____

_____

Phone Number: _____

Important Note:
Records will not be sent without this form being completely filled out!
Per HIPPA laws, records can not be faxed to anyone for any reason.
All records will be mailed to the address listed.