



Providing state of the art orthopedic care in a friendly environment
2305 Genoa Business Park Dr., Suite 170, Brighton, MI 48114
Tel: 810-299-8550 Fax: 810-844-0837 www.advancedortho.net

Laith Farjo, M.D.
Michael Peters, PA-C Chris Stuart, PA-C

Edward Loniewski, D.O.
Jennifer Malloy, PA-C

Robert Mihalich, M.D.

Authorization for Release of Medical Information

Patient Name: _____

Guardian Name: _____
(if applicable)

Date of Birth: _____ Contact Number: _____

I, _____, authorize Advanced Orthopedic
(Patient or Legal Guardian Name)

Specialists to (circle one) RELEASE or OBTAIN:

- | | |
|--------------------------|------------------------|
| _____ Progress Notes | _____ Operative Report |
| _____ MRI/CT/US Report | _____ Itemized Bills |
| _____ Lab Results | _____ All Information |
| _____ X-Ray's | _____ Other: _____ |
| _____ Disc (\$10 charge) | _____ |
| _____ Paper (no charge) | _____ |

Regarding: RIGHT LEFT Bilateral (circle one)
_____ Shoulder _____ Elbow _____ Wrist _____ Hip _____ Knee _____ Ankle _____ Foot

To: (circle one) MYSELF or GUARDIAN or PHYSICIAN:

Name: _____

(Pick up / Fax/ Mail)

(Fax Number / Phone Number / Address)

Patient / Legal Guardian Signature

Date

Witness Signature

Date

This authorization with expire six months after the date of request