



Jacksonville's Leading Orthopedic Experts

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Ponte Vedra Beach, FL 32082

Authorization Request for Release of Protected Health Information

(Outside Medical Records Request Form)

I hereby authorize use or disclosure of health information as described below for continued healthcare to:

Heekin Orthopedic Specialists

Requesting Physician: _____

Attention: _____

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Social Security Number: _____

Alternate Number: _____

PLEASE INCLUDE:

Medical Records:

- Initial Patient Paperwork / Questionnaires
- Office Notes (Dates: _____)
- Itemized Billing (Dates: _____)
- Physical Therapy Notes

Hospital Reports:

- Consult
- History & Physical
- Operative Report
- Discharge Summary

Diagnostic Imaging:

Body part of concern: _____

- X-ray Films / Disc
- Laboratory Tests
- Diagnostic Reports (Type: _____)

Other: _____

I acknowledge that I have read this authorization and fully understand its contents.

Employee Name: _____

Date: _____

Patient/Parent/Guardian Signature: _____

Date: _____