



**BURBANK
PODIATRY
ASSOCIATES
GROUP, A.P.C.**

FRANKLIN KASE, D.P.M., F.A.C.F.A.S., Diplomate – American Board of Foot and Ankle Surgery
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Medical Records Release Authorization

A photocopy of this authorization should be considered as valid as the original.

Patient Information			
Name		Date of Birth	
Address		City, State, Zip Code	
Phone Number		E-mail	

Custodian of Records			
<input type="checkbox"/> Burbank Podiatry Associates Group a P.C.			
Name		Facility Name	
Address		City, State, Zip Code	
Phone Number		Fax Number	

Release of Records			
<input type="checkbox"/> Myself (Patient) <input type="checkbox"/> Mail <input type="checkbox"/> Pick Up <input type="checkbox"/> Fax			
Name		Facility Name	
Address		City, State, Zip Code	
Phone Number		Fax Number	
<input type="checkbox"/>	2 nd Opinion	<input type="checkbox"/>	Images: X-Ray, Bone Scan, MRI (Circle)
<input type="checkbox"/>	Total Transfer of Care	<input type="checkbox"/>	Reports: X-Ray, Bone Scan, MRI (Circle)
<input type="checkbox"/>	Complete Medical Records, X-Rays & Reports	<input type="checkbox"/>	Laboratory Reports
<input type="checkbox"/>	Medical Records, Progress Notes, Photographs	<input type="checkbox"/>	Operative Reports
<input type="checkbox"/>	Physical Therapy Reports	<input type="checkbox"/>	Other (Specify):

Medical Records Release Authorization Signature: _____ **Date:** _____

Office Use Only:	Medical Records Processing Fee's	Notes
Medical Records Per Hour	\$25.00	
More than 10 Pages	\$0.10 Per Page	
X-Rays Over 10 Plates	\$2.00 each plate	
Certified Mail (postage fee)	\$10.00	
Total Fee's Due		
Records Prepared By:		Date