

## SPORTS OCCUPATIONAL & KNEE SURGERY, P.A.

## Peter F. Holmes, M.D.

DIPLOMATE OF AMERICAN BOARD OF ORTHOPAEDIC SURGERY FELLOW AMERICAN ACADEMY OF ORTHOPAEDIC SURGERY

## **Kathren McCarty DPM**

DIPLOMATE OF THE AMERICAN BOARD OF PODIATRIC SURGERY FELLOW AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS

## RELEASE OF MEDICAL RECORDS OR INFORMATION

I hereby authorize Sports Occupational & Knee Surgery to release any information required in the course of my examination and treatment.

I understand that the transfer of records to anoth Occupational and Knee Surgery. PLEASE SIGN	er surgeon will revoke further treatment by physician at Sports HERE
Medical records to be provided to:(MANDATORY INFORMATION)  For the purpose of:	
To Include: Medical Records	XRays Paper or CD MRI/Outside fims
Fee for Records \$_20 Pd on	//collected by
Patient Name	Parent or Guardian
Date of birth/	SOCKS Acct#
Signature	
Call when ready Phone	and/ or
Fax #	Attn: and/or
Mail to	
	_ ALLOW 5-7 DAYS FOR COMPLETION
	_
SOCKS PHYSICIAN ACKNOWLEDGEMENT	