



Orthopaedic Institute of Ohio  
 801 Medical Drive, Suite A  
 Lima, OH 45804  
 (419)222-6622 Fax: (419)222-1197  
 www.orthoohio.com

Request for release and/or transfer of Medical Records/X-Ray/MRI

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize the release and transfer of my medical records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Specific Type of Records to be disclosed

MEDICAL RECORDS

\_\_\_\_ OIO Notes, OP Report, Clinic Notes, Lab Test Results, Physical Therapy Notes.

Charge for copy of Office Notes and/or Itemized Statement of Account (Request from patient or patient personal representative):

PATIENT OR PATIENT'S PERSONAL REPRESENTATIVE

With respect to data recorded on paper:

\$2.92 for the first 10 pages \_\_\_\_\_  
 .61 per page for pages 11—50 \_\_\_\_\_  
 .25 per page for pages 51 and higher \_\_\_\_\_  
 + Postage \_\_\_\_\_

Please submit a prepayment amount of: \$ \_\_\_\_\_

OTHER THAN PATIENT OR THE PATIENT'S PERSONAL REPRESENTATIVE: Tax ID No.: 31-1562435

Charge for copy of Office Notes and/or Itemized Statement of Account (Request from authorized person):

\_\_\_\_ A. An initial fee of \$17.97 for record search. \_\_\_\_\_

\_\_\_\_ B. With respect to data recorded on paper:

\$1.18 per page for the first 10 pages \_\_\_\_\_  
 .61 per page for pages 11—50 \_\_\_\_\_  
 .25 per page for pages 51 and higher \_\_\_\_\_  
 + Postage \_\_\_\_\_

Please submit a prepayment amount of: \$ \_\_\_\_\_

X-RAY/MRI RECORDS

If patient is requesting films for second opinion, insurance, seeing a different physician or personal use they have the following three options:

- \_\_\_\_ 1. Burned on CD for \$8.00
- \_\_\_\_ 2. Printed on paper for \$2.00 per page
- \_\_\_\_ 3. No charge (referred by OIO to another physician, for Workmen's Compensation case)

Dates of service sent:  
 From: \_\_\_\_\_ To: \_\_\_\_\_

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

----- Please bring a valid photo ID when picking up medical records, X-rays and MRIs -----

Office Use Only:

Records Copied by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_

Pursuant to Ohio General Assembly sections 3701.74, 3701.741 and 3701.742 of the Revised Code relative to the fees health care providers and medical records companies may charge for providing copies of medical records.