

Adaptive

Prosthetics & Orthotics, llc

52 National Drive
Glastonbury, CT 06033

Phone 860-633-7298
Fax 860-659-1282

AUTHORIZATION FOR MEDICAL RELEASE

Patient: _____ DOB: _____

Address: _____

City, State, Zip _____

Phone: (_____) _____

I authorize the use or disclosure of the above named individual's health information as described below.

The type and amount of information to be used or disclosed is as follows:

All medical records about the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use, if applicable. The information should include the patient's diagnosis and other pertinent information, as applicable, such as duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature, and extent of functional limitation, other therapeutic interventions, and results, past experience with related items, etc.

The information may be disclosed to and used by the following individual or organization:

Adaptive Prosthetics & Orthotics

52 National Dr, Glastonbury, CT 06033

Patient's Signature: _____ Date: _____

Patient's Name (Printed): _____