

**SOUTH MOUNTAIN ORTHOPAEDICS**  
*Medical Record Retention*  
20 Valley St., #230  
South Orange, NJ 07079

**MEDICAL RECORD REQUEST**

**Fax to 973 762-1875 or mail to the above new address**

I request copies of my medical notes for the following dates: \_\_\_\_\_  
\_\_\_\_\_

I request copies of my Xray CDs for the following dates: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT CLEARLY**

**Patient's name;** \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Date of Patient's birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

For identification, please supply the following additional patient information:

Last 5 numbers of Driver's License \_\_\_\_\_

Last 4 numbers of Social Security \_\_\_\_ \_

Signature \_\_\_\_\_ Dated \_\_\_\_\_

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You will be contacted by phone or via mail with the total fee for the copies which must be pre-paid as follows: \$1.00 per page, \$25 per Xray CD per visit

***Note:*** Each Xray visit will be on a separate CD. Therefore, if you had xrays taken on several dates, there will be a fee for EACH. Be aware that another orthopaedist will likely want current xrays to evaluate your current condition so you may want to spare the expense of copies of Xrays.