



SOUTHERN BONE & JOINT SPECIALISTS, P.A.

3688 Veterans Memorial Dr., Suite 200 Hattiesburg, MS 39401

601-554-7499

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

PATIENT'S NAME

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP

HEALTH INSURANCE COMPANY AND POLICY NUMBER

I AUTHORIZE YOU TO RELEASE TO: _____

ALL MEDICAL RECORDS IN YOUR POSSESSION, CONCERNING MY ILLNESS(ES)

AND / OR TREATMENT DURING THE PERIOD FROM _____ TO _____

I FULLY ABSOLVE SOUTHERN BONE & JOINT SPECIALISTS, P.A. AND ALL
IT'S EMPLOYEES FROM LIABILITY IN REGARDS TO RELEASING THIS
INFORMATION AS REQUESTED ABOVE.

SIGNATURE

WITNESS

DATE