

Initials \_\_\_\_\_

Cost \_\_\_\_\_

Payment method \_\_\_\_\_

Received by \_\_\_\_\_

## RECORDS RELEASE RECEIPT

RIDGEWOOD ORTHOPEDIC GROUP L.L.C.  
85 SOUTH MAPLE AVENUE  
RIDGEWOOD, NJ 07450

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Chart Number

RECEIVED THIS DATE FROM:

- Dr. Arnold Criscitiello
- Dr. Anthony Delfico
- Dr. Frank Piccione
- Dr. Joseph Pizzurro

X-RAYS \_\_\_\_\_

RADIOLOGY/LAB REPORTS \_\_\_\_\_

OFFICE NOTES/OTHER \_\_\_\_\_

If someone other than the patient is picking up the requested information who is that person;

\_\_\_\_\_

Signature: \_\_\_\_\_

**Regardless of who picks up requested information, we must have the patient's signature either on this form or on a separate note requesting release.**

**These images have been copied into our computer. Unless you have been specifically requested by us to return them, they are yours to keep please do not return them.**

**Place them in a safe place for future use if necessary.**