CHRISTOPHER O. NEUBUERGER, MD INC.
ORTHOPEDIC SPINE SURGERY

3941 J Street, Suite 370
Sacramento, CA 95819
916-229-8890 Phone
916-290-0002 Fax
www.neubuergerspine.com

MEDICAL RECORDS REQUEST:

I request a copy of my medical records from Christopher O. Neubuerger, MD Inc. I understand the standard copy fee is $15.00 per chart. I also understand if my request requires storage retrieval and this is an urgent request there may be additional charges. Requests are processed within 7-10 days in the order that they are received.

Patient Name: **DOB:**

Contact Number: **Contact Email:**

Release information from: Christopher O. Neubuerger, MD Inc.

- ☐ Medical records. (Providers notes and any diagnostics reports)
- ☐ Films: # _____
- ☐ Special Instructions:_____

SPECIAL AUTHORIZATION REQUIRED TO RELEASE THE FOLLOWING INFORMATION:

Please initial next to each item that you are giving consent to release:

Drug/Alcohol/Substance Abuse_____(initial)
Psychiatric/Mental Health_____(initial)
Genetic Information_____ (initial)
HIV Diagnosis/Treatment _____(initial)
Tests for Antibodies to HIV_____(initial)

Patient or legal representative signature:_____Date:_____

This authorization expires 30 days after the date of my signature. I understand that I may revoke this authorization at any time, except to the extent that Christopher O. Neubuerger, MD Inc. has already taken action in reliance on it. I have been advised of my right to receive a copy of this authorization.

X _____ _____

Signature of patient *or legal/personal representative* Date

[ ] Upload to Patient Portal No charge
[ ] Printed copy fee: $15.00
[ ] Individual report $5.00

Total due: _____[]Paid [ ] done_____ Date: _____