

Advanced Knee Care, PC.

A division of Integrated Orthopedics

Stefan D. Tarlow, MD

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Request for Release of Medical Records Have your records sent to Advanced Knee Care

Patient:	DOB:/
Address:	
SSN: P	hone:
I hereby authorize the release of my medical records to Advanced Knee Care.	
My treating physician is Dr. Stefan Tarlow	
Information needed:	
()Healthcare information relating to the following treatment, condition, or dates of treatment	
() All healthcare information on file	
Patient Signature:	Date: / /