

Hiller Orthopedics and Sports Medicine
(808) 885-5588

Please complete the entire form and be sure to include a telephone number where we can reach you when the records are ready. Payment of \$15 chart retrieval fee plus \$.20/page plus any postage costs must be made before the records are released. Records will be available within 30 days of the date of our receipt of this request.

Medical Records Release Form

I hereby authorize Hiller Orthopedics, Inc. to release my records to:

Via facsimile @ (fax number): _____ or

Via mail to (address): _____

_____ or

By pickup by (name) _____.

Patient's name: _____

Patient's date of birth: _____

Signature of Patient or Guardian: _____

Guardian name: _____

Date: _____

My telephone number: _____

Please mail your completed request to Hiller Orthopedics, PMB 174, 65-1158 Mamalahoa Hwy, Kamuela, HI 96743. If you prefer, you may fax it to (888)283-0247 (toll free fax) or email it to sberdon@live.com.

