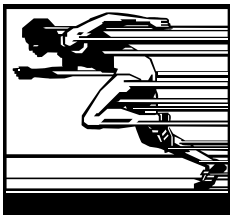

SPORTS OCCUPATIONAL & KNEE SURGERY, P.A.

Peter F. Holmes, M.D.

DIPLOMATE OF AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW AMERICAN ACADEMY OF ORTHOPAEDIC SURGERY

Kathren McCarty DPM

DIPLOMATE OF THE AMERICAN BOARD OF PODIATRIC SURGERY
FELLOW AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS

RELEASE OF MEDICAL RECORDS OR INFORMATION

I hereby authorize Sports Occupational & Knee Surgery to release any information required in the course of my examination and treatment.

I understand that the transfer of records to another surgeon will revoke further treatment by physician at Sports Occupational and Knee Surgery. PLEASE SIGN HERE _____

Medical records to be provided to: _____
(MANDATORY INFORMATION)
For the purpose of: _____

To Include: Medical Records_____ XRays Paper____ or CD____ MRI/Outside fims_____

Fee for Records $_20_____ Pd on _____/_____/_____ collected by _____

Patient Name_____ Parent or Guardian_____

Date of birth_____/_____/_____ SSN_____ SOCKS Acct#_____

Signature_____ Date _____/_____/_____

Call when ready_____ Phone _____ and/ or

Fax # _____ Attn:_____ and/or

Mail to _____

_____ ALLOW 5-7 DAYS FOR COMPLETION

_____

SOCKS PHYSICIAN ACKNOWLEDGEMENT_____