Central Bucks Family Practice, PC

Commonwydds Office Campus
Suite F-1
2370 York Road
Jamison, PA 18929
(215) 343-5444 phone
(215) 491-7099 fax

Dennis H. Tafflin, D.O.
David A. Smith, M.D.
Sarah E. Robin, D.O.
Philip R. Treiman, M.D.
Robert G. Lewcun, D.O.
Jeffrey T. Laphen, M.D.
Deborah S. Wright, M.D.
Linda A. Thornton, P.A.C.
Brenna K. Dobson, P.A.C.

Bailiwick Office Campus
Suite 41
252 West Swamp Road
Doylestown, PA 18901
(215) 348-1706 phone
(215) 348-0321 fax

Authorization to Release/Obtain Medical Information

Patient name: _____
Date of birth: _____
Address: _____
_____
Phone: _____

I hereby authorize Central Bucks Family Practice, PC to release records to/obtain records from:

Facility: _____
Physician: _____
Address: _____
_____
Phone: _____
Fax: _____

Please release/obtain the following information and dates of service:

__ All records
__ Progress notes
__ Laboratory tests
__ Imaging/x-ray reports
__ Consultation reports
__ Immunization records
__ History and physical
__ Problem/Medication lists
__ Pathology reports
__ Other

I authorize the release of any and all information regarding my physical or mental condition and treatment rendered. In addition, I authorize the release of psychiatric/psychotherapy records, mental health records, and drug and alcohol treatment information under the same terms and conditions.

_____ _____
Signature (required) Date

I authorize the release of all medical records, charts, notes, x-rays and other information relating to my general physical condition, including confidential HIV-related information.

_____ _____
Signature Date