

Edgeworth Square  
111 Hazel Lane  
Suite 102  
Sewickley, PA 15143

**Daniel J. Nadler, MD**  
**Amanda L. Cook, MD**  
**Mark E. Schmidt, OD**  
**Jennifer R. Olbum, DO**

Greenridge Building  
1200 Sharon Road  
Suite 202  
Beaver, PA 15009

Phone: 412-741-5577  
Fax: 412-741-1141

Phone: 724-774-5920  
Fax: 724-774-7656

**\*AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION\***

I hereby authorize \_\_\_\_\_ to release information from the records of  
Name of Facility/Person

\_\_\_\_\_; \_\_\_\_\_ as described below to  
Patient Name Birth Date

Reason records are being requested: \_\_\_\_\_

Records to be released (Identify all that apply):

\_\_\_ Medical History & Physical Examinations    \_\_\_ Progress Notes    \_\_\_ Medication Records  
\_\_\_ Laboratory Reports/Tests    \_\_\_ Operative Reports    \_\_\_ Consults  
\_\_\_ Radiology    \_\_\_ Physician Orders    \_\_\_ Other (specify):  
\_\_\_ ALL RECORDS

**This information is protected from further disclosure by state and/or federal laws.**

**General Authorization:**

X \_\_\_\_\_  
Patient Signature Date

If the patient is physically or mentally unable to sign, the patient guardian may sign below.

Please check relationship to the patient:

Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Power of Attorney \_\_\_\_\_ Friend \_\_\_\_\_

X \_\_\_\_\_  
Legal Representative Signature Date