



TOBIN BONE and JOINT SURGERY, INC.
JOSEPH P. TOBIN, MD, FAAOS
Board Certified Orthopaedic Surgeon

PATIENT AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I hereby authorize Joseph P. Tobin, M.D. and Tobin Bone and Joint Surgery, Inc. to release to:
_____ any and all of my records
pertaining to medical care, history, condition, treatment, diagnosis, prognosis or expenses.

I further authorize and direct Joseph P. Tobin, M.D. and Tobin Bone and Joint Surgery to provide to the
above person or entity any written or oral reports pertaining to these same matters.

A photocopy of this form shall have the same force and effect as the original.

Patient's signature: _____

Printed name: _____

Date: _____