

Spine & Orthopedic Center OF N.J., LLC.

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DAVID B. BASCH, MD., FAAOS
Fellow-American Academy of Orthopedic Surgeons
Diplomat American Board of Orthopedic Surgery

AUTHORIZATION TO RELEASE RECORDS

Patient's Name: _____
PLEASE PRINT NAME

Address : _____
STREET APT. # CITY STATE ZIP CODE

I hereby authorize _____

To disclose to: DAVID B. BASCH, M.D.
Spine & Orthopedic Center of NJ
90 Sparta Ave.
Sparta, New Jersey 07871

The complete medical history records in your possession, concerning my illness, treatment/and or
evaluation during the period from _____ to _____

X _____
Patient's Signature

Today's Date