



Orthopaedic Surgery ■ Joint Replacement ■ Sports Medicine ■ Trauma Surgery
Surgery of the Spine ■ Surgery of the Hand ■ Foot and Ankle Surgery

www.uoanjin.com

Request for Provider Access to Protected Health Information

Patient Name: _____

Social Security Number: _____

Patient Date of Birth: _____

Practice Name: UMDNJ-RWJ University Orthopaedic Group

This is a request to: Have access to protected health information

Contained in my: Medical Record and Billing Record

For services rendered by UMDNJ-RWJ University Orthopaedic Group from
July 1, 2003 to June 30, 2008

Please provide the information listed above throughout the course of my treatment to:

University Orthopaedic Associates, LLC

Signature of Patient or Legal Representative

Date

Print Name

Relationship to Patient

Michael P. Coyle, Jr., MD
Stephen S. Cook, MD
Timothy M. Hosea, MD

Mark S. Butler, MD
David A. Harwood, MD
Jeffrey R. Bechler, MD

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