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BOARD CERTIFIED ORTHOPAEDIC SURGEON
BOARD CERTIFICATION IN ORTHOPAEDIC SPORTS MEDICINE
DIPLOMATE OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
ASSISTANT PROFESSOR IN THE DEPARTMENT OF ORTHOPAEDIC SURGERY
AT THE SETON HALL - HACKENSACK MERIDIAN SCHOOL OF MEDICINE

AUTHORIZATION FOR THE RELEASE OF RADIOLOGY EXAMS.

Date Requested:	Nec	Needed by:		Phone Number:		
Patient Name:		DO	OB:			
	thopaedic & Sports M				of my radiology	
exam(s)/repor	rt to:			WRITTEN APR	ROVAL FOR	
RELEASE OF						
	(S) to be released:					
DATE OF STUD	Y TYPE OF STUDY	# CD	Report included	Prepared By	Released By	
Purpose of Discl	osure □Medical Care □ Le	 egal □ Insurat	 nce □ Other (S	necify)		
	G TAKEN TO:					
treatme commu (HIV),		blems, mental berculosis or sey has a stat bhysician or p	l illness, drug test for infect utory privilege osychologist ar	abuse, alcoholism ion with human in afforded to confi- ad that my signing	, sexual transmitted nmunodeficiency v dential communica this form waives	
privileg						
3. I ackno docume	wledge and understand that nt may be subject to re-di ntiality law.		•		9	
3. I ackno docume confide4. I unders	nt may be subject to re-di	sclosure by the	ne recipient and	d not be protected	by privacy and	