William C. Eves, M.D., Inc.
Diplomate, American Board of Orthopaedic Surgery
Fellowship Trained in Sports Medicine and Arthroscopy

I, the undersigned, authorize the following

☐ Dr. William Eves ☐ South Bay Orthopaedic Physical Therapy

To release the following records

☐ Medical Chart Notes ☐ Lab/X-Ray Reports

☐ X-Ray Films ☐ Physical Therapy Notes ☐ Operative Reports

Patient Name_____ Date of Birth_____/_____/_____

Signature_____

Date of Request_____/_____/_____

Chart Number_____

Please send the records to:

Attention_____

Address_____

Address 2_____

State_____ Zip_____

Fax(____)_____

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