Daniel J. D'Arco, M.D.
PA Muscle Bone and Joint, LLC
Practice Limited to Orthopaedics
111 South Centre Street
Pottsville, Pennsylvania 17901
Phone: (570) 628-6858 Fax: (570) 628-4054

Medical Records Release form:

Patient Name _____ Date _____

Date of Birth____/_____/_____ Telephone number _____

I hereby request Doctor _____Name of Practice_____

Address: _____ Telephone number _____

Release to Dr. D'Arco:

_____ All medical records including radiologic images and findings

_____ Only radiologic images and reports

_____ Other _____

Signature of Patient _____

Power of Attorney or Guardian Signature: _____

Print Name _____Telephone number _____

This request will expire on _____/____/_____ or in 120 days