



Gregory P. Charko, MD
Diplomate of ABOS
Fellow of AAOS

John W. King, DO
Diplomate of AOBOS
Fellow of AAOS

RECORDS REQUEST

To: _____

I hereby authorize and request that you release to:

Orthopaedic Physicians & Surgeons, PC

Gregory P. Charko, MD

John W. King, DO

975 Lehigh Ave., Union, NJ 07083

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

Name: _____ Date of Birth: _____

Address: _____

Signature: _____ Date: _____

PLEASE FAX RECORDS TO (908) 687-7886 OR (908) 686-4271