

PMSI Medical Records Department, PO Box 1155, Pottstown, PA 19464  
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Authorization to Release Medical Records

I authorize PMSI (practice or doctors name) to release all of my medical records, including test results, visit notes, correspondence, etc. I release PMSI from any laws related to disclosure of confidential / privileged information.

Please circle: YES NO : including mental health records  
YES NO : including HIV information

\_\_\_ Option #1: There will be a flat fee of \$30.00 to send your chart electronically, on a disc or flash drive. This fee includes encryption of the file and postage.

\_\_\_ Option #2: To receive a paper copy of your chart the charge will follow the fee schedule set forth by the State of Pennsylvania:

Pages 1-20 at \$1.42 per page, Pages 21-60 at \$1.05 per page, Pages 61+ at \$0.34 per page

Payments must be received prior to records being prepared. For paper copies an estimate will be provided. Please complete this form in its entirety to avoid delays.  
Please make checks payable to: Pottstown Medical Specialists, Inc.

RECORDS PERTAINING TO:

Name of Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

PLEASE FORWARD RECORDS TO:

Practice / Doctors Name: Premier/Pennsylvania Orthopaedic Center / Mark Allan Schwartz, MD

Address: 266 Lancaster Ave., Suite 200, Malvern, PA 19355

Phone #: 610-644-6900

Patient / Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not the Patient or Parent, relationship to the patient \_\_\_\_\_