



COLUMBUS SURGICAL ASSOCIATES, INC.
GENERAL, LAPAROSCOPIC & ROBOTIC ASSISTED SURGERY

Stephen Glatz, M.D. • B.J. Pomerants, M.D., FACS • Jason D. Shoemaker, D.O.

Medical Release Form

Patient Name _____ Date of Birth ____/____/____

SSN _____ Address _____

City _____ State _____ Zip _____ Phone _____

Records Requested/Date of Records

Information Requested From

Facility _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Send Information To

Facility _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I, _____ hereby grant permission for you to release confidential health information, be releasing a copy of my medical record, or a summary of my protected health information, to the physician/facility listed above

Signature _____

Date _____

7450 Hospital Dr.
Suite 150
Dublin, Ohio 43016

ColumbusSurgicalAssociates.com
office@ColumbusSurgicalAssociates.com
Phone: 614-766-5050 • Fax: 614-766-8080

3545 Olentangy River Rd.
Suite 130
Columbus, Ohio 43214