



DAVID L. SPENCER, M.D.
Scoliosis and Spinal Surgery

AVI J. BERNSTEIN, M.D.
*Cervical and Lumbar
Reconstructive Spinal Surgery*

CHRISTOPHER BERGIN, M.D.
Adult and Pediatric Spinal Surgery

PARKSIDE CENTER
AT LUTHERAN GENERAL HOSPITAL
1875 Dempster Street
Suite 425
Park Ridge, Illinois
60068-1129
Phone: 847-698-9330
Fax 847-698-1429

REQUEST OF PERSONAL MEDICAL INFORMATION

I am requesting copies of my Spine Center medical office notes and/or diagnostic tests. I understand that my office notes are part of my permanent record.

PLEASE ALLOW 7-10 BUSINESS DAYS FOR RECORDS TO BE COPIED.

THE FOLLOWING FEES WILL BE CHARGED FOR MEDICAL RECORD COPIES.

Handling charge	\$ 25.00 PLUS
Copy pages in excess of 50	.25 per page

DATE: _____

SIGNATURE: _____

DATE OF BIRTH: _____

CREDIT CARD NUMBER: _____

NAME _____

EXP DATE: _____

CC CODE: _____

RECORDS SEND TO: _____

OR FAX: _____

For office use only.

Chart # _____ Initials _____ Date _____