

Columbus NeuroSurgical Spine group

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MARK A. WHITE, D.O.
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NEUROSURGERY

RONALD LAKATOS M.D.
BOARD CERTIFIED
ORTHOPAEDIC SURGEON



DUBLIN – TUTTLE
CROSSING
4995 Bradenton Ave
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Columbus, OH 43205

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Nelsonville, OH 45764

Specializing in Complex
& Revision Spine Surgery

O: (614) 734-5000

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HOURS 8:30 AM - 4:30 PM
MONDAY THROUGH FRIDAY

PATIENT MEDICAL RELEASE FORM

I, _____, hereby authorize and request Dr. Robert A. Dixon, Mark A. White and/or Ronald Lakatos, 4995 Bradenton Ave., Ste. 130, Dublin, Ohio 43017 (Herein referred to as the provider), to furnish and transfer a copy of any and all medical records regarding my physical condition, medical history, as well as any medical treatments currently in the possession of the provider to the Physician and/or facility listed below.

Doctor or Facility Name

Address

City, State, Zip code

Area code and phone number

A copy of this authorization should be accepted with the same authority as the original.

This authorization shall be effective for 60 days from the date listed below.

Signature

Date

Social Security Number

Date of Birth