

SOUTHSIDE ORTHOPAEDICS
11757 SOUTHWEST HIGHWAY PALOS HEIGHTS, IL 60463
PHONE #708-361-4220 FAX #708-361-7969

Date _____

To whom it may concern:

You have written our office requesting information on the following patient:

We will be happy to furnish you with the information upon receipt of the following:

Signed consent from the patient authorizing us to release medical records.

Annual adjustment of copying fees under 735 ILCSm 5/8-2006, effective Jan. 2012

Handling Charge	\$25.88
Copy pages 1-25	.97
Copy pages 26-50	.83
Copy pages in excess of 50	.32
Copies made from microfiche or microfilm	1.60
Copy of X-Rays	\$(as per radiology)
Narrative report	\$350.00
Deposition-Discovery (or) Evidence (or) video	\$1500.00

Make check payable to: SOUTHSIDE ORTHOPAEDICS

TAX ID #36-2999857

Thank You,

Medical Records