



AMERICAN HIP INSTITUTE & ORTHOPEDIC SPECIALISTS

Consent for Review of Records and Imaging Studies

American Hip Institute physicians will review, free of charge, your medical records and imaging studies to determine if an office appointment at American Hip Institute may benefit your medical condition.

The submission of imaging studies and/or medical record documentation does not create a physician-patient relationship between you and American Hip Institute or any American Hip Institute physician, and in no way is intended or implied to be a substitute or replacement for professional medical advice. The review of your film is not an offer by American Hip Institute to diagnose or treat your injury or condition and will not result in any American Hip Institute physician rendering a medical diagnosis or medical opinion. The review of your films by American Hip Institute is not intended to constitute the practice of medicine or provision of medical advice or services in any state. Any medical diagnosis and/or treatment will only be provided upon your visit to an American Hip Institute office or facility. In no way does American Hip Institute assume any responsibility for your care as a result of this service, which supports, but does not replace, any current relationship that exists between you and your physician.

By signing below, I am acknowledging that I understand the above and agree to the review of my medical records and imaging studies.

Name (Printed)

Signature

Date of Birth

Phone Number

Today's Date