

ONeal Medical
240 Cahaba Valley Parkway
Pelham AL 35124
205-989-9902



ONeal Medical - CPAP Plus

CPAP Plus
4647 Hwy 280 - Suite W
Birmingham AL 35242
205-855-2808

Release of Medical Records and Authorization to Change DME Suppliers

PLEASE PRINT

Patient name: _____ Date of Birth: _____

Home phone: _____ Mobile: _____

Address: _____

City: _____ St: _____ Zip: _____

I elect O2 Neal Medical, Inc., herein "ONeal" as my supplier effective the date of this notice and authorize _____, any previous DME supplier, or my physician, to release all documents to ONeal relating to my prior service including, but not limited to:

prescriptions, sleep studies, certificates of medical necessity, progress notes, operative procedures and diagnostic tests.

I request my previous supplier and or doctor's office fax these documents to ONeal at 205-989-9903.

Disclosure of my personal health information will be handled as outlined in ONeal's Current Notice of Privacy Practices. A photographic copy of this authorization shall be valid as the original. This release shall be valid while services are being rendered from ONeal, unless cancelled in writing.

X _____
Patient's Signature Date

If Patient is unable to sign, Personal Representative Signature Date