

**MINNEAPOLIS
ORTHOPAEDICS**

Advanced skills and experience for the results you deserve

825 South 8th Street, Suite 550
Minneapolis, Minnesota 55404
Phone: 612-333-5000 Fax: 612-333-6922

I hereby authorize Minneapolis Orthopaedics to release to:

Name

Address

City, State, Zip

the following:

- _____ All medical records (copies)
- _____ X rays (cd or originals)
- _____ MRI cd (copies or originals)
- _____ Other (specify) _____

Patient's name (printed)

_____/_____/_____
DOB

Signature (indicate if other than patient)

Date

Signature of witness

Patient's account number: _____

Date sent: _____

By: _____

The following was sent: _____ Copies of medical records

_____ Copies of x rays and reports

_____ Other (specify) _____
