STEINDLER
ORTHOPEDIC CLINIC

2301 Steindler Way, Suite B
North Liberty, Iowa 52317
Phone: (319) 338-3606
Fax: (319) 338-0522
Steindler.com

CONTENTS ARE CONFIDENTIAL. SEE NOTE BELOW.

REQUEST FOR RELEASE OF MEDICAL RECORDS

To: _____
(Physician Name)

Fax Number: _____

I authorize the above named provider to disclose and deliver to Steindler Orthopedic Clinic the following information:

_____

_____

_____

_____ _____
Name of Patient Date of Birth

_____ _____
Patient or Authorized Representative Signature Date (Expires 30 Days After Signature)

If signed by Patient Representative, state authority to act on behalf of patient:

_____

Please fax to Steindler Orthopedic Clinic at (319) 338-0522.

If you have any questions regarding this request, please call us at (319) 338-3606.