

**Orthopedic & Sportsmedicine  
Clinic of Fairbanks LLC**

2310 Peger Rd Ste. #105  
Fairbanks, Alaska 99709  
(P) 907-479-2663, (F) 907-479-2691

**CONSENT FOR RELEASE OF MEDICAL INFORMATION:**

I hereby authorize Orthopedic & Sportsmedicine Clinic of Fairbanks to:

\_\_\_\_\_ Release Information to: \_\_\_\_\_ Obtain Information from:

Source: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Purpose of Information:**

\_\_\_\_\_ Second Opinion  
\_\_\_\_\_ Continue Treatment  
\_\_\_\_\_ Personal Use  
\_\_\_\_\_ Legal Use

**Information Requested:**

\_\_\_\_\_ Progress/Chart Notes  
\_\_\_\_\_ Operative Notes  
\_\_\_\_\_ X-ray

Patient Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_, SSN: (optional) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faxed: \_\_\_\_\_ Mailed: \_\_\_\_\_

Pt picked up: \_\_\_\_\_ Date: \_\_\_\_\_

**First copy of medical records and digital x-rays are at no charge**  
**Any additional copies of medical records are \$25.00/x-rays are \$15.00.**