Burton F. Elrod, MD
David R. Moore, MD
Jeffrey D. Willers, MD
Thomas T. Dovan, MD
R. Chris Glattes, MD
Chad T. Price, MD

ELITE
SPORTS MEDICINE + ORTHOPEDICS

Colin G. Crosby, MD
Gregory E. Raab, MD
Samuel N. Crosby, MD
A. Brian Thomson, MD
Amanda D. Martin, DO
Brian D. Dierckman, MD

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: _____ DOB:_____

I request and authorize _____to release any and all information regarding my treatment to:

Name: _____
Address: _____
City: _____State: _____Zip: _____
Fax: _____Phone: _____

Check all that apply:

- Medical Records Only
- Itemized Billing Statement
- Imaging Disk (MRI, X-ray)
- Other _____
- All of the above

This authorization is valid for six (6) months from the date of execution.

Signature of Patient: _____Date: _____

MedicalRecords@eliteorthopaedic.com