

HEADWATERS ORTHOPEDICS, P.L.C.  
207 Bear Creek Lane NW  
Bemidji, MN 56601  
(218) 243-3444 phone  
(218) 243-2918 fax

**MEDICAL AUTHORIZATION/ RELEASE**

I, \_\_\_\_\_, DO HEREBY AUTHORIZE THE  
RELEASE OF MY MEDICAL RECORDS AND/OR X-RAYS (EITHER BY MAIL OR  
FAX)

***WHO ARE THE RECORDS BEING RELEASED TO?***

**NAME:** \_\_\_\_\_

**PURPOSE FOR RELEASE OF RECORDS:** \_\_\_\_\_

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**THE FOLLOWING RECORDS NEED TO BE RELEASED:**

\_\_\_\_ DOCTOR NOTES (NARRATIVES)

\_\_\_\_ LABORATORY REPORTS

\_\_\_\_ X-RAY REPORTS

\_\_\_\_ OTHER PLEASE SPECIFY \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PATIENT**  
(PARENT IF MINOR)

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**