Idaho Foot & Ankle Center

1540 Elk Creek Drive, Idaho Falls, ID 83404 • 393 East 2nd North, Rexburg, ID 83440

Medical Records Release Form

I hereby authorize the transfer of the medical records indicated below:

[ ] Lab/Pathology Reports [ ] Radiology Reports [ ] Office Visit Notes

[ ] Operative Reports [ ] Billing Records [ ] Other____________

To: [ ] From: [ ] Idaho Foot & Ankle Center
1540 Elk Creek Drive
Idaho Falls, ID 83404

To: [ ] From: [ ] ______________________________

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Patient Name:____________________________________ Date of Birth:__________________

Patient Signature:________________________________ Date: ________________________

Idaho Falls (208) 529-8393 • Fax (208) 529-8398 • Rexburg (208) 356-9466
www.IdahoFootandAnkleCenter.com