Idaho Foot & Ankle Center

1540 Elk Creek Drive, Idaho falls ID 83404 • 72 E Main Street, 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: [ ] _____
_____
_____
_____

Patient Name:_____ Date of Birth:_____

Patient Signature:_____ Date: _____

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