MIDWEST ORTHOPAEDIC MOC CONSULTANTS

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4220 West 95th Street • Oak Lawn, Illinois 60453 • (708) 226-3300 • Fax (708) 226-3500

Release of Medical Information

My Medical Care may be discussed with:

Name:_____ ☐ Yes ☐ No

DOB:_____

Relation:_____

Name:_____ ☐ Yes ☐ No

DOB:_____

Relation:_____

*I understand that I may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance upon the authorization.

Test Results may be left on my answering machine/voice mail. ☐ Yes ☐ No

Appointment information may be left on my answering machine/voicemail. ☐ Yes ☐ No

If Applicable, for personal representative:

Print name of Personal Representative:_____

Describe Personal Representative relationship:_____

Signature of Personal Representative:_____

Signature of Patient:_____

Date:_____

*Please note we do require documentation for personal representatives.