

Lakeside Orthopedic Institute
25 Riviera Boulevard Lake Havasu City AZ 86403
(928) 505-5555 fax (928) 505-5557

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AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

I _____ consent to allow Lakeside Orthopedic Institute, LLC., or representative thereof to discuss or share medical information (including but not limited to calling to inquire appointment dates, treatment dates, medication refills, medical progress, etc) with the following people:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Patient Signature

Date