

**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