

KEARNEY ORTHOPEDIC & SPORTS MEDICINE
PO BOX 2168 - 3500 CENTRAL AVENUE
KEARNEY NE 68848
308-865-2500 * 308-865-2511 (fax)

REQUEST FOR RELEASE OF MEDICAL RECORDS

I, _____, authorize the release of

_____ Clinic Notes _____ Work Hardening or Occupational Therapy Notes
(KOSM only)

_____ X-rays

_____ Other (specify) _____

TO/FROM (Circle one)

TO/FROM (Circle one)

Kearney Orthopedic & Sports Medicine
3500 Central Avenue
PO Box 2168
Kearney NE 68848-2168

fax# _____

PLEASE PRINT

Patient Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

I understand that my records include confidential information.

Patient's signature _____

Date _____