



**Anderson
Orthopaedic
Clinic** SINCE 1941

A Center of Excellence for Orthopaedics

Patient Information

Name: _____ Date of Birth: _____

Phone: _____ Address: _____

Please release my Medical Records from, The Anderson Orthopaedic Clinic, 2445 Army Navy Drive, Arlington, VA 22206.

To:

Name: _____ Address: _____

Please release a copy of all my medical records, including but not limited to, progress notes, operative notes and diagnostic tests.

BY MY SIGNATURE I AUTHORIZE RELEASE OF MEDICAL RECORDS

Patient: _____ Date: _____