

Steingart Orthopedics, P.C.  
16601 North 40th Street, Suite #204  
Phoenix, AZ 85032  
602-923-8500 (phone)  
602-923-8502 (fax)

## MEDICAL RECORDS RELEASE

DATE: \_\_\_\_\_

PATIENT NAME (print): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

I authorize Steingart Orthopedics, P.C. to release my records to/obtain my records from

\_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_