



The **Indiana**  
**Orthopaedic**  
Center

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**AUTHORIZATION TO OBTAIN MEDICAL INFORMATION**  
**FROM ANOTHER FACILITY**

\_\_\_\_\_  
(Patient's Name) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Patient's Date of Birth)

\_\_\_\_\_  
(Street Address, City, State, & Zip Code)

( 317 ) \_\_\_\_\_ ( 317 ) \_\_\_\_\_ ( 317 ) \_\_\_\_\_  
(Home Phone) (Cell Phone) (Alternate)

The undersigned hereby authorizes: \_\_\_\_\_

\_\_\_\_\_  
(Street Address, City, State, & Zip Code)

\_\_\_\_\_  
(Phone) (Fax)

to release the following portions of the medical records of the above named patient for the following purpose:

Entire medical record for the period of \_\_\_\_\_ to \_\_\_\_\_.

X-Ray Films for the period of \_\_\_\_\_ to \_\_\_\_\_.

Release to: The Indiana Orthopaedic Center Medical Records  
(Facility Name) (Attention)

7930 N. Shadeland Ave. Indianapolis, IN 46250  
(Street Address, City, State, Zip Code)

( 317 ) 588-2663x277 ( 317 ) 863-2276  
(Phone) (Fax)

I, the undersigned, understand that I may REVOKE this authorization at any time, in writing, but the request shall remain valid until revoked or upon the expiration of sixty (60) days, whichever occurs first, EXCEPT to the extent that action has been taken thereon. I understand that I am giving permission to release medical information which may include treatment for physical therapy and/or emotional illness, communicable diseases, alcohol or drug abuse treatment, and/or HIV, AIDS, or AIDS-related information.

\_\_\_\_\_  
(\*Signature as designated by law) \_\_\_\_\_, 20\_\_\_\_\_  
(Date of Signature)

Relationship (if other than the patient)

**EAST**  
1400 N. Ritter Ave., Suite 351  
Indianapolis, IN 46219  
317-588-2663  
317-355-1179 FAX

**NORTH/CORPORATE OFFICE-/MEDICAL RECORDS**  
7930 N. Shadeland Ave.  
Indianapolis, IN 46256  
317-588-2663x277  
317-863-2276 FAX

**GREENFIELD**  
1 Memorial Square, Suite 115  
Greenfield, IN 46140  
317-588-2663  
317-462-4696 FAX

**NOBLESVILLE**  
14540 Prairie Lakes Blvd. N #351  
Noblesville, IN 46060  
317-863-2215  
317-773-4877FAX