



NORTH SHORE FOOT & ANKLE

Trusted Specialists. Exceptional Care.

Authorization to Release Medical Information or Protected Health Information

Patient Name _____

Date of Birth _____ Account or Patient # _____

Please release medical records to:

Name _____

Address: _____

Phone: _____

Signature of patient, parent or guardian

Relationship to patient

Date

Print Name

Information released by North Shore Foot & Ankle

Disability/FMLA Forms __\$10 completion within 5 business days __\$25 within 24 hours

WMC Forms __\$10 completion within 5 business days __\$25 within 24 hours

Aflec /Insurance Forms __\$10 completion within 5 business days __\$25 within 24 hours

Medical Records

State of Illinois Rates-

Number of pages Charge per page

Pages 1-25 \$.96 per page

Pages 26-50 \$.64 per page

Pages in excess of 50 \$.32 per page

Plus postage and handling

Medical Records ____

X-Rays ____

Date of service: _____

Credit Card: M V Discover: _____ Exp Date: _____

Phone: 847.729.9580

Fax: 847.729.9480

nsfootankle.com