



Ankle & Foot Clinic of Oregon
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5528 SE Powell Blvd
 Portland, OR 97206
 (503) 777-3999

15573 Bangy Rd Ste 220
 Lake Oswego, OR 97035
 (503) 636-9656

RELEASE OF MEDICAL INFORMATION

Patient Name _____ DOB: _____

Ankle & Foot Clinic of Oregon
 5528 SE Powell Blvd
 Portland, OR 97206
 P: (503) 777-3999
 F: (503) 777-2914

Lake Oswego Foot Clinic
 11573 Bangy Rd Ste 220
 Lake Oswego, OR 97035
 P: (503) 636-9656
 F: (503) 636-9657

I hereby authorize the selected facility to release healthcare information of the patient name above to:

Doctor/Clinic: _____

Phone/Fax: _____

Address: _____

Please include the following:

All chart notes _____ Most recent chart notes _____ Operative reports _____

X-rays _____ CT scans _____ MRI reports _____ Labs _____

Authorized signature-

I recognize that the information disclosed may contain information that is privileged and protected by law, and I specifically consent to the disclosure of such information.

Patient Signature: _____ Date: _____