



Ankle & Foot Clinic of Oregon
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 (503) 777-3999

543 SW Third, Suite C-1
 Lake Oswego, OR 97034
 (503) 636-9656

RELEASE OF MEDICAL INFORMATION

I hereby authorize:

Doctor/Clinic: _____

Phone/Fax: _____

Address: _____

To release approved information in my file to:

Dr Jerry J. Yoon, DPM

Ankle & Foot Clinic of Oregon

5528 SE Powell Blvd
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 P: (503) 777-3999
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Lake Oswego Foot Clinic

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 P: (503) 636-9656
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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 Name: _____

Current Address: _____

Patient Signature: _____ Date: _____