



Ray McClanahan, DPM  
Nini Callan, ND, MS

P: 503.243.2699  
F: 503.243.2698

9600 SW Nimbus Ave, Suite 160  
Beaverton, OR, 97008

### Medical Records Release

I, \_\_\_\_\_ (DOB \_\_\_\_/\_\_\_\_/\_\_\_\_) authorize the release of my personal medical information listed below.

Please release/disclose the following information:

- Chart Notes
- X-Ray film or disc (please send in mail)
- X-Ray Report
- MRI disc (please send in mail)
- MRI Report
- Lab Work
- Surgical Reports
- Pharmacy/Prescription Records
- \_\_\_\_\_

Records being requested (circle options):

#### To/From

Northwest Foot and Ankle  
9600 SW Nimbus Ave, Ste 160  
Beaverton, OR, 97008

Phone: 503. 243.2699  
Fax: 503.243.2698

#### To/From

\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

Date \_\_\_\_\_

IMPORTANT: This facsimile transmission contains confidential information, some, or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.