

Northwest Iowa Surgeons, PC
Request for Release of Medical Records

I, _____ do, hereby, give my permission for my
medical records to be:

1. Obtained from: _____

2. Sent to: _____

3. Picked up by: _____

To hand carry to: _____

Signed by: _____

Date of birth: _____

Social Security No: _____

This release is valid for: _____ through _____

Today's date

No more than 1 year

