



## **MEDICAL RECORDS**

To request your medical information and/or your medical record file, please print and complete a release form and return to Midwest Sports Medicine:

1. [Patient Authorization for Release of Information Form](#) (AuthorizationRelease.pdf)

Completed release forms can be returned to Midwest Sports Medicine:

### **By Mail or In Person:**

Midwest Sports Medicine  
901 W. Biesterfield Road  
Suite 300  
Elk Grove Village, IL 60007

### **By Fax:**

Submit forms via fax at: 847-437-0691

### **Important Instructions for Completing the Authorization to Release Forms**

Please call the Medical Records Department at 847-437-9889 if you have any questions about completing the forms or obtaining copies of your medical records.

- . Please make sure you read the form carefully and fill it out completely including
  - . Your contact information and date of birth
  - . Specify the purpose
  - . Be sure to use check off boxes as needed
  - . Include the full mailing address if you are requesting information be forwarded
  - . Sign and date the form
  
- . Please indicate whether you wish to pick up or have the record mailed