



## **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 (Authorization Release.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: **847-427-7795**

Please call the Medical Records department to confirm that the faxed request was received.

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

Please make sure you carefully read and fill the form 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;
- Indicate whether you wish to pick up or have the record mailed.

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.