



**NORTH FLORIDA SPORTS MEDICINE
& ORTHOPAEDIC CENTER**

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PETER E. LOEB, MD, FAAOS, CIME
Board-Certified Orthopaedic Surgeon

Orthopaedic Sports Medicine
Minimally Invasive Surgery of the Shoulder, Elbow, Hip,
Knee and Ankle
Arthroscopic Surgery
Reconstructive Hip, Knee and Shoulder Surgery
General Orthopaedic Surgery
Independent Medical Examinations

R. SPENCER STOETZEL, MD, FAAOS, CIME
Board-Certified Orthopaedic Surgeon

Spine Surgery
Joint Replacement/Arthritis Surgery
General Orthopaedic/Hand Surgery
Independent Medical Examinations

TIMOTHY L. FRERICH, MD

Foot and Ankle Surgery
Minimally Invasive Surgery of the Ankle, Knee and Shoulder
Orthopaedic Sports Medicine
Arthroscopic Surgery
General Orthopaedic Surgery

RECORDS RELEASE AUTHORIZATION

I, _____ HEREBY

(print patient's name & date of birth)

AUTHORIZE AND REQUEST YOU TO RELEASE ANY AND ALL MEDICAL
RECORDS: X-RAYS, PATHOLOGICAL REPORTS, DAGNOSTIC
REPORTS & SUMMARIES.

Signature of patient or legal representative

Date signed

PLEASE SEND RECORDS TO:

This authorization allows *North Florida Sports Medicine* to release a copy of your records to your primary physician, or in the event you would like your records sent to another facility, or if you would like a copy for yourself.