WASHINGTON ORTHOPAEDICS
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Hand, Wrist, Elbow & Upper Extremity

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Sports Medicine, Arthroscopy & Adult Reconstruction

John K. Klimkiewicz MD
Sports Medicine, Arthroscopy, Joint Replacement

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Foot, Ankle, General Orthopaedics, & Arthroscopy

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Hip & Knee Replacement & Trauma

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Hand, Wrist, Elbow & Upper Extremity

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Medical Records Release

Patients Name:	DOB:
Phone Number:	Email:

I hereby authorize Washington Orthopaedics and Sports Medicine, P.A. to release:

☐ My complete medical record history.

☐ My medical record history from: ___/___/_____to___/___/_____

☐ Other: _____

_____

Person/Organization to release records to:		
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