



Striving for Excellence in Rehabilitation and Wellness  
www.prairierehab.com

# AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Patient Address: \_\_\_\_\_

I hereby authorize: Name: \_\_\_\_\_

Address: \_\_\_\_\_

to release information from the medical records as follows:

- |  |  |
|--|--|
| <input type="checkbox"/> All Records (including x-rays)  | <input type="checkbox"/> Therapy Notes/Reports |
| <input type="checkbox"/> History and Physical            | <input type="checkbox"/> X-Rays                |
| <input type="checkbox"/> Discharge Summary               | <input type="checkbox"/> Doctor/Clinical Notes |
| <input type="checkbox"/> Operative Reports               | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> All Dates of Service            |  |
| <input type="checkbox"/> Specific Dates of Service _____ |  |

I specifically request that the above information be released/sent to:

- 1720 S. Cliff Avenue, Sioux Falls, SD 57105  
(605)334-5630 Fax (605)332-5327 \_\_\_\_\_
- 5235 W. 26th St., Sioux Falls, SD  
(605)271-6920 Fax (605)271-0460 OR \_\_\_\_\_
- 1220 E. Holly Blvd, Brandon, SD 57005  
(605)582-3103 Fax: (605)582-3885 \_\_\_\_\_
- 725 Kevin Drive, Tea, SD 57064  
(605)368-9897 Fax: (605) 213-0175 \_\_\_\_\_
- 412 S. Cliff Avenue, Harrisburg, SD 57032  
(605) 767-3008 Fax (605) 767-3008 \_\_\_\_\_
- Hartford Therapy Services  
100 West Highway 38, Hartford, SD 57033  
(605)528-1900 Fax: (605) 528-1901 \_\_\_\_\_

This authorization shall be effect for one year from this date, unless revoked by me in writing at any time, except to the extent that action has already been taken to comply with it.

Patient Signature: **X** \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_