



L.A. Orthopedic Institute

Edward J. McPherson, M.D., F.A.C.S, F.A.C.G.S.

LOS ANGELES OFFICE  
201 South Alvarado Street, Suite 501  
Los Angeles, California 90057  
TEL 213.207.5660 FAX 213.207.5626  
www.laoi.org

RIDGECREST OFFICE  
540 Perdew Street, Suite D  
Ridgecrest, CA 93555  
TEL 760.446.6152 FAX 760.446.0729

L.A. ORTHOPEDIC INSTITUTE  
AUTHORIZATION FOR RELEASE OF MEDICAL  
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Your signature in the space below will authorize the following physician, hospital or medical agency to release medical information (medical records, slides, and x-ray films) concerning your care and treatment to L.A. ORTHOPEDIC INSTITUTE for the purpose of your diagnosis and treatment.

The authorization to release information shall remain in effect until otherwise revoked by you. You have the right to receive a copy of this authorization.

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Los Angeles, CA 90057  
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- ( ) Medical Records
- ( ) X-Ray Films
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