



STESIN ENDOCRINOLOGY LLC

Mark P. Stesin, MD, FACE

13911 Ridgedale Drive, Suite 165
Minnetonka, MN 55305
Phone: (763) 582-1800
Fax: (763) 582-1860

Medical Records Release Form

Please print this information below

Patient's Name _____ Date of Birth _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Please list Specific Clinic and Fax number of the receiving office

Name _____ Attention to: _____

Address _____ FAX # _____

City _____ State _____ Zip Code _____

Please list what medical records you wish to be released:

I consent to my health care provider – **MARK P STESIN MD, STESIN ENDOCRINOLOGY LLC** to use or disclose my health information during the term of this Authorization to the recipient that I have identified.

Patient's signature _____ Date _____

If Individual is unable to sign this Authorization, please complete the information below:

Name of Guardian _____ Date _____