



1150 Lincoln Avenue, Evansville, IN 47714

Ph: 812-402-4263 Fax: 812-437-4263

Ross E. Marburger, MD

John P. Morgan, MD

## AUTHORIZATION TO RELEASE RECORDS

I, \_\_\_\_\_ authorize  
(patient or patient representative name)

**Hand Center of Evansville**  
**1150 Lincoln Avenue**  
**Evansville, IN 47714**

to release my records to:

\_\_\_\_\_  
(name of facility/physician)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Date

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