



Dear Patient,

Thank you for contacting Orthopaedic Associates Release of Information Department. We are here to serve you and your health information needs.

As requested, I have enclosed a copy of the Authorization form to be completed and returned. Please make sure you have *specific* instructions included as to what records you are requesting and where you are requesting they are to be sent. You also have a choice of how you would like to have your records delivered. For records requested to come back to you, please choose mail or email. For records requested to go to a doctor, please choose fax or mail. Please select only one option. *The fax delivery option may only be used for records going to a doctor.*

Once you have completed the form, you can fax it back to us at (850) 863-8085, email at [records@orthoassociates.net](mailto:records@orthoassociates.net) or drop it off at Orthopaedic Associates:

Orthopaedic Associates  
Attn: Medical Records/ROI  
1034 Mar Walt Dr  
Fort Walton Beach, FL 32547

Please feel free to contact us with any questions you may have about the authorization form or process. Our phone number is (858) 244-1811.

Please note that records may take up to 7 business days to process.

Again, thank you for allowing us to serve you.

Sincerely,

Sharecare Health Data Services  
Trusted Partner of Orthopaedic Associates



