Parkview Medical Clinic
1400 1st St NE
PO Box 186
New Prague MN 56071
PH: 952-758-2535
FAX: 952-758-6101

John H. Berg Jr., MD
Daniel R. Berg, MD
Michael P. O'Rourke, MD
Jean E. Craig, MD
Heather R. Hamernick, MD

Family Physicians

I, _____, authorize the staff at Parkview Medical Clinic, including but not limited to physicians and nurses, to speak with, _____, at any time regarding my medical care at Parkview Medical Clinic.

I understand that I may revoke this authorization in writing at any time in the future as I see fit.

_____ _____
Patient Signature Date

_____ _____
Patient Name Patient Date of Birth