

Parkview Medical Clinic

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Family Physicians

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

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