



**OrthoRehab**  
**Specialists, Inc.**  
 Physical Therapy for the Twin Cities

**Therapist  
 Owned and  
 Operated**

**MINNEAPOLIS**

Medical Arts Building  
 Skyway Accessible  
 825 Nicollet Mall, # 1935  
 Minneapolis, MN 55402  
 PH 612.339.2041  
 FX 612.339.2042

- MARK W. SIEWERT, PT  
*Owner*
- BRETT JOHNSON, DPT,  
 CSCS
- JULIA FISCHER, DPT, OCS,  
 FAAOMPT
- MATTHEW SIEWERT, DPT
- LOIS OLSON TARAGOS, PT
- BRITTANY HUEMPFNER,  
 PTA
- WILLIAM BRECKLE, PTA  
*ACE Certified*
- SHARLA WOOLFOLK, PTA,  
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- ALICIA PETERSON, PTA
- KRISTY BROKL, PTA

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- TERRY BUISMAN, PT  
*Owner*
- LOIS OLSON TARAGOS, PT
- ANDY MASIS, DPT, ATC,  
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 YBS
- RENATA BEAMAN, PT, MS,  
 MA, OCS, CLT-UE
- REBECCA JACOBS, PT, DPT,  
 OCS, CKTP
- NANCY DORAU, PT
- MATTHEW SIEWERT, DPT
- ANI LIPKE, PTA
- KRISTY BROKL, PTA
- SAMANTHA MARTIN, PTA
- SAMANTHA KISROW, PTA

**BUSINESS OFFICE**

PH 612.355.2254  
 FX 612.355.2790

**CONSENT FOR RELEASE OF MEDICAL INFORMATION**

I, \_\_\_\_\_, authorize the release of my  
 complete medical records from:

**OrthoRehab Specialists**  
 825 Nicollet Mall #1935  
 Minneapolis, MN 55402  
 Ph: 612-355-2254  
 Fax: 612-355-2790

To:

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_