

## RECORDS RELEASE

I, \_\_\_\_\_, request a copy of my records from  
Print name

Foot & Ankle Specialty Center to be released to:

\_\_\_\_\_ Myself    \_\_\_\_\_ to be picked up    \_\_\_\_\_ to be mailed

\_\_\_\_\_ The following doctor's office:

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\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name