



## RELEASE OF MEDICAL INFORMATION

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I, \_\_\_\_\_, authorize the information listed below to be released to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include all pertinent medical records for treatment of foot and/or ankle problems, including x-rays, MRI films and related reports. Also include a list of medications taken by this patient, if available.

Information to be obtained from: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date