



Step By Step Family Foot Care

Record Release Authorization

I, _____, hereby request and authorize you to release the record(s) of:

Patient Name _____ DOB _____

Please include all of the following:

- chart notes
- x-ray and imaging reports
- lab reports
- copies of prescriptions

The complete records are to be mailed to:

Name _____

Address _____

I understand that it will take approximately one week to complete.

Signature of Responsible Party

Date