



Phoenix _____
FOOT & ANKLE
 _____ phxfoot.com

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Date: _____

I hereby authorize:

To release the following information from my medical records:

1. Brief summaries of medical history, clinical findings, and diagnosis
2. Laboratory Reports
3. X-Ray Reports
4. Discharge Summaries
5. Consultations
6. Other: _____

To: Phoenix Foot & Ankle Associates, PC

 Signature

 Date of Birth

 Print Name