



Phoenix  
**FOOT & ANKLE**  
phxfoot.com

**J. Timothy Harlan, DPM, MS, FACFAS**  
**Suzanne Abraham, DPM, MA, FACFAS • S. Gabriela Montes, DPM, FACFAS**  
1701 E. Thomas Road, Suite 201  
Phoenix, AZ 85016  
602.251.3113 • 602.251.3114 fax

Date: \_\_\_\_\_

I hereby authorize:

**Phoenix Foot & Ankle Associates, PC**

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Name