

## The Foot Clinic, LLC

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I, (P	rint)		authorize	
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Phone: (913) 364	-1314; Fax: (913) 3	364-1160		
To release medic	al records to:			
Physician/Clinic _				
Address:				
City:		State:	Zip:	
Phone Number: () Fax Number: ()				
The medical reco	ords of:			
Date of Birth:				
☐ Complete med	lical record			
☐ Records for sp	ough			
☐ Portion of reco	ords: (Circle all tha	t apply)		
Labs	Pathology	Image Reports	Billing Records	
Signature:			Date:	