Southern Nevada Foot & Ankle Center
3131 W. Charleston Blvd, Ste 110
Las Vegas, Nevada 89102
(702) 878-5252 (702) 878-1963 Fax

MEDICAL RECORDS RELEASE

DATE: _____

TO: _____

_____

_____

_____

I hereby authorize you to release my medical information to:

_____

_____

_____

_____

I hereby authorize you to release the following records of any treatment or examination rendered to me during the period from_____ to _____

____ Endoscopy Reports	____ Hospital Consultation
____ X-Ray Report	____ Discharge Summaries
____ Pathology Reports	____ Progress Notes

Other: _____

Signature: _____ Date: _____

Printed Name: _____ DOB: _____

Witness: _____ Title: _____