



1501 Tate Blvd SE Suite 203
Hickory, NC 28602
Phone: 828-304-0400
Fax: 828-304-0142

Date: _____

I, _____ DOB: _____, hereby authorize
Carolina Foot & Ankle Associates to release any information acquired in the course of my
examination and treatment to:

Phone: _____

Fax: _____

Records to be sent include:

- Chart Notes
- Xrays
- Labwork
- Operative Notes
- Other: _____

Signature: _____ (guardian must sign if patient is a minor)

Witness: _____

Internal Use only:

Date Sent: _____

Fax Number: _____