



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

Date: _____

Permission is hereby granted to: _____

Phone: _____

Fax: _____

To release the medical records of: _____

Patient date of birth: _____ to Carolina Foot & Ankle Associates.

Hickory Office (including Taylorsville & Morganton)

Records requested 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: _____