RELEASE OF MEDICAL RECORDS

Please Print

Patient Name: ____________________ DOB: ________________________

I, the above patient, give permission for ____ , to provide any information regarding my medical records, including but not limited to, office notes, x-rays, lab results and billing information, to the office of Dr. Robert Spencer, Dr. Nitza Rodriguez and Dr. Han Nguyen of Southern California Foot & Ankle Specialists.

_____________________________________ ______________________________

Name Relationship

To make any changes to your release, please submit your request in writing to our office. Please be aware this release is void 180 days after the date signed and you may be asked for your release in the future for any of the above noted information.

_____________________________________ ______________________________

Patient (or guardian) Signature Date

Robert J. Spencer, D.P.M., Nitza N. Rodriguez, D.P.M., Han Nguyen, D.P.M.
333 Corporate Drive • Suite 230 • Ladera Ranch, CA 92694 • (949) 364-WALK (9255) • (949) 364-9250 fax
www.socalfootandankle.com