



**NEBRASKA
FOOT & ANKLE, P.C.**

RELEASE OF MEDICAL RECORDS

Date: _____

I authorize the release of my medical records to _____.
The records I would like released are

- Entire Chart**
- Last Office Note**
- Health History and Demo Forms**
- Only My Office Notes**
- All Outside Records we have on file.**

Printed Name: _____

Authorized Signature: _____
(If under the age of 19, must be signed by a parent or legal guardian.)