

Mount Dora Podiatry

Janet L. Black, D.P.M., P.A.
Diplomate, American Board of Podiatric Surgery
Board certified in foot surgery
Fellow, American College of Foot & Ankle Surgery

Release of Medical Records

Date: _____

I, _____ hereby authorize Janet L. Black DPM to release my medical records to _____.

Phone Number: _____

Fax Number: _____

Address: _____

Patient Date of Birth: _____

_____ I understand that all requests require 14 business days to complete.

_____ I understand that if the records are not being forwarded to another doctor's office or medical facility then a charge of \$1.00 per page is due at time of pickup.

_____ I am requesting a digital copy of my x-rays. The fee is \$5.00. I understand that original x-rays are apart of my permanent medical record with Dr. Janet Black and are not released out of the office.

Printed Patient Name

Date

Signature of Patient

Date

Mount Dora Podiatry Staff Name

Date