Newswander Curtis Foot & Ankle
Request for Release of Confidential Information

Patient Name _____ Birth Date_____

Social Security Number_____

I hereby authorize the following agency or individual:

Name _____

Address _____

_____

_____

Phone Number (____)_____

to release confidential health care information to

Bradley L Newswander, DPM, PLC
5656 S. Power Road Suite 124
Gilbert, AZ 85295
(480) 840-3457
(480) 840-3458 Fax

The following confidential health information may be released:

_____

_____

_____

_____

This authorization will be effective as of the date signed and will be valid unless revoked in writing. I understand that revocation of this authorization will not affect any action Bradley L Newswander, DPM, PLC took in reliance on this authorization before it received my written notice of revocation. This authorization includes information placed in my records after the signature date.

_____	_____	_____
Signature of Patient	Printed Name of Patient	Date
_____	_____	_____
Signature of Parent/Legal Guardian	Printed Name of Parent/Legal Guardian	Date