

Adler Podiatry Clinic, PLLC

3636 University Blvd S - Building C

Jacksonville, Florida 32216

Telephone: (904) 731-1711

Fax: (904) 731-9270

MEDICAL INFORMATION RELEASE AUTHORIZATION

Patient's Name: _____

Patient's SSN: _____ - _____ - _____ DOB: ____/____/____

I, _____ hereby give permission to release my complete medical record relating to my illness and / or treatment to : **Adler Podiatry Clinic, PLLC.**

I, _____ hereby authorize **Adler Podiatry Clinic, PLLC** to release my complete medical record relating to my illness and / or treatment to:

Date ____/____/____

Signature

(Please attach either your Driver's License or Identification Information)