



ANTHONY HARO III, DPM
 Diplomate, American Board of
 Foot and Ankle Surgery
 Certified in Reconstructive
 Rearfoot/Ankle Surgery & Foot Surgery
 Fellowship in Reconstructive
 Foot and Ankle Surgery

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 Diplomate, American Board of Foot
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 Certified in Foot Surgery
 Qualified in Reconstructive Rearfoot/
 Ankle Surgery

KEVIN W. SCHMIDTKE, DPM
 Diplomate American Board of
 Foot and Ankle Surgery
 Board Qualified in Foot
 Surgery, Associate American
 College of Foot & Surgery

RECORDS REQUEST

DATE: _____

TO: _____

I, _____ AUTHORIZE THE ABOVE MENTIONED TO RELEASE MEDICAL RECORDS TO THE FOLLOWING:

Dr. A. Anthony Haro III Dr. Amie Haracz Dr. Kevin Schmidtke

Other: _____

THE MEDICAL RECORDS RELEASED SHOULD INCLUDE THE FOLLOWING:

<input type="checkbox"/> OFFICE NOTES	<input type="checkbox"/> OPERATIVE REPORTS
<input type="checkbox"/> LABORATORY PROCEDURES	<input type="checkbox"/> INSURANCE INFORMATION
<input type="checkbox"/> XRAY REPORTS	<input type="checkbox"/> PRESCRIPTIONS
<input type="checkbox"/> XRAY DISC (\$15)	<input type="checkbox"/> OTHER: _____

PATIENT NAME: _____ DOB: _____

PATIENT SIGNATURE: _____

WITNESS: _____

(OFFICE STAFF SIGNATURE REQUIRED)

200 WESTGATE DRIVE SUITE A, WEST END, NC 27376
 PHONE (910) 295-7400 FAX (877) 295- 0079

For personal requests: By signing this request I authorize Ankle and Foot Surgical and Podiatry Clinic, PA to release a copy of my medical records to me. By doing so, I understand the clinic and its staff will no longer be responsible for the confidentiality of the medical records provided and any redisclosure of these records may no longer be protected by federal or state law. Contact number for records pick up: _____

By submitting this medical record request, you acknowledge and agree that the information will be used solely for the specified purpose, subject to applicable laws. While we strive to protect the confidentiality of your records, we cannot guarantee absolute security. You authorize the release of records to designated recipients, understanding the potential sensitivity of the information. Ankle & Foot Surgical & Podiatry Clinic is not liable for any damages arising from the release or use of records. This authorization will expire one year from the date above.