## **Summerlin Foot & Ankle**

John E. Cade, DPM, Randy L. Gubler, DPM, Paul Fawson, DPM, Amir Shalev, DPM, Leonard Franklin, DPM

## **Records Release Request**

l,		, request the fo	ollowing medical records to be releas
	0	Summerlin Foot & Anklo	e
	0	Dr	
	0	Myself	
Signature			 Date
Jigiiatui E			Date
Date of Birth			
<ul><li>Entire Me</li></ul>	dical Ch	art	
<ul><li>History ar</li></ul>			
<ul><li>Most rece</li></ul>	•		
o Pre-op his	tory and	l physical	
<ul><li>Op report</li></ul>	- -		
o Lab work			
ο CT, MRI, ι	ltrasour	nd, dopplers, EMG/NCV re	eports
o Other			
<ul><li>All x-rays</li></ul>			
<ul><li>First x-ray</li></ul>	S		
<ul><li>Most rece</li></ul>	nt/lact	v-rave	

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Thank You.