

Summerlin Foot & Ankle

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

Records Release Request

To: _____

I, _____, request the following medical records to be released to:

- Summerlin Foot & Ankle
- Dr. _____
- Myself

Signature

Date

Date of Birth

- Entire Medical Chart
- History and Physical
- Most recent chart note
- Pre-op history and physical
- Op reports
- Lab work
- CT, MRI, ultrasound, dopplers, EMG/NCV reports
- Other _____
- All x-rays
- First x-rays
- Most recent/ last x-rays

Thank You.