

The Family Foot Care Center

**679 Hospital Road
Commerce Ga 30529
706-335-4884**

**711 Rose Lane
Toccoa Ga 30577
706-886-9441**

**2109 Hwy 129S
Cleveland Ga 30528
706-865-0666**

RELEASE OF MEDICAL INFORMATION

DATE: _____

I _____ **HERBY**

REQUEST MY RECORDS TO BE RELEASED TO

_____.

Patient signature

Date

Witness signature

Date