

Norwood Podiatry Associates, PC

Cape Ann Foot and Ankle

Dr. LeRoy J. Kelley III, DPM FACFAS
5 Blackburn Center Gloucester MA 01930
Phone – 978-281-2550
Fax – 781-255-7905
email: drkelley@norwoodpodiatrist.com

MEDICAL RECORDS RELEASE FORM

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I do hereby consent and authorize the release of my medical records by Norwood Podiatry Associates to:

Name of Person or Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Patient/Parent/Guardian Signature Date

Minor's name, if applicable

Office Staff Signature Date