

Norwood Podiatry Associates, PC
Dr. LeRoy J. Kelley III, DPM FACFAS
24 Walpole Street First Floor, Norwood, MA 02062
Phone – 781-762-4205
Fax – 781-255-7905

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