



Birmingham Podiatry P.C.

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Authorization For Release of Information

Patient Name: _____ DOB: _____

Information Requested From: _____

Please furnish all requested medical information (including doctor's reports, hospital records, lab reports, psychiatric and psychological information) concerning the above named patient.
This is a general release of information.

If checked, please ONLY send the results from the most recent bloodwork.

Patient Signature

Date

