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Authorization and Consent to Release Medical Records

I, _____ the undersigned patient or parent/guardian of _____, hereby authorize Ankle and Foot Physicians and Surgeons, PLLC OR _____ (if records are being requested from another physician or facility) to release medical records as indicated below. I understand this authorization will include the release of any HIV records, Psychiatric Mental Illness and any other statutory protected diseases. If I am requesting records from Ankle and Foot Physicians and Surgeons, PLLC, I understand that, depending on the nature of the request, I may be charged a nominal fee for time and materials required to prepare the requested files consistent with insurance carrier regulations and local laws as permitted by the Washington State Department of Health. I further understand that if I am checking out original films (as in the case of some MRIs and CTs) from this office, I may be required to submit a \$20 deposit that will be refunded on return.

Patient Information

Date of Birth _____ Social Security Number _____

Medical Records Requested

(Check all that apply):

- CT films and report
 - Medical records
 - MRI films and report(s)
 - Operative Report(s)
 - X-rays
 - Other _____
- (Provide specific dates for x-rays/MRI/CT requests)

Please forward records to:

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____
Fax _____

Reason for Request:

- Copy for Personal Use
- Copy for another Physician*
Physician Name _____
- Second Opinion for Surgery*
Physician Name _____
Date of appointment _____
- Copy for Attorney
Name of Adjuster _____
Adjuster Notified Yes No Date: _____

Please forward records to:

Ankle and Foot Physicians and Surgeons, PLLC
601 SE 117th Ave, Ste 240
Vancouver, WA 98683
(360) 977-7815 OFFICE
(888) 568-4875

Signature of Patient/Guardian Relationship to Patient Date

Daytime Phone Number

If additional information is required, you will be contacted by the Medical Records Department.
Requests may take up to 7-10 business days to process.

* Outgoing records requests for another Physician/Second Opinion will be forwarded directly to the Physician's office.