

Ankle & Foot Specialists of Puget Sound P.S.

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Release of Medical Information

Patient Name: _____

DOB: _____

I hereby authorize the release of my medical records in your possession to :

Street Address _____

City _____ State _____ Zip _____

Please release the following:

Complete Records

X-rays

Operative Report(s)

Lab results

From the following time period _____

Patient Signature _____ Date _____

FACTORIA
4140 Factoria Blvd S.E., Ste 1B
Bellevue, WA 98006
(425) 644-2313
Fax (425) 644-4739

KENT
17700 SE 272nd St., Ste 370
Covington, WA 98042
(253) 631-0585
Fax (253) 631-0596

ENUMCLAW
2820 Griffin Ave., Ste 101
Enumclaw, WA 98022
(360) 825-2181
Fax (360) 825-8354

SUMNER/PUYALLUP
2728 E. Main Ave., Ste A
Puyallup, WA 98372
(253) 848-0131
Fax (253) 840-6787

BONNEY LAKE
10004 204th Ave E, Ste 2700
Bonney Lake, WA 98391
(253)862-1967
Fax (253)862-1191