



364 East Main Street
Ansonia, CT 06401

4 Corporate Drive Suite 384
Shelton, CT 06484
P: 203-734-4806

Medical Records Release

Date: _____

Doctor: _____

I am hereby requesting that the following medical records be released to Ansonia Podiatry Associates, LLC for evaluation required for the continuing of my care.

Medical Records:

- Recent Medication List
- Recent Lab Work
- Vaccination Record
- Last Encounter Chart Notes

Please fax to 203-734-8265

Patient Name: _____ DOB: _____

Signed _____