

**Foot and Ankle Clinics
Podiatric Physicians and Surgeons**

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

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

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

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