

Gainesville Podiatry Associates  
Dr. Thomas A. Berens & Dr. John R. Heiser  
915 NW 56 Terrace, Gainesville FL 32605  
352-331-4333

To whom it may concern:

I, \_\_\_\_\_, hereby authorize and request the release of any and all information which you possess relating to my examination and treatment during my hospitalization, emergency room treatment, and/or clinic visits. This is to include any and all reports from any and all tests or studies as well as physician or healthcare provider notes.

The question of privacy between your institution, my attending physician(s), and myself are hereby waive. This authority extends to the furnishing of copies of all or any desired parts of the medical records from your institution.

Please release this information and forward to:

Gainesville Podiatry Associates  
Thomas A. Berens, DPM & John R. Heiser DPM  
915 NW. 56 Terrace  
Gainesville, Florida 32605  
352-331-4333  
352-331-8382 ( Fax )

Specific information requested may relate to:

---

---

---

---

---

---

Printed Name

---

Patient Signature

---

Date