



SHEEHY ANKLE  FOOT CENTER

PAUL L SHEEHY, JR., DPM, Medical Director

4144 N Armenia Ave., #230, Tampa, FL 33607

Office Ph#: (813) 872-8939 | Fax#: (813) 872-8649

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____, D.O.B.: _____;

Hereby authorize _____ to release my medical records, including but not limited to, operative reports, radiology reports, film copies, pathology reports, slides, and discharge summaries to: PAUL L. SHEEHY, Jr., D.P.M.

Patient Signature

Date