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**MEDICAL/FINANCIAL RELEASE**

Date: \_\_\_\_\_

I, \_\_\_\_\_ give Ambulatory Foot Center  
PC permission to release my medical/financial information, (until further notice) to the people  
listed below.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Signed: \_\_\_\_\_