Coastal Foot and Ankle Clinic

Tamara A. Marsh, D.P.M.
Member, American College of Foot and Ankle Surgeons
221 Avenue E, Apalachicola, Florida 32320 · 850/653-3338 · 850/653-3339 fax

MEDICAL RELEASE FORM

Authorization for release of medical records:

Patient's Name: _____

Date of Birth: _____

I hereby authorize _____
to release medical, psychiatric, alcohol, and/or drug abuse information contained in my records to:

☐ Dr. Tamara Marsh
Coastal Foot and Ankle Clinic
221 Avenue E
Apalachicola, FL 32320
Phone: 850-653-3338
Fax: 850-653-3339

☐ Self

☐ Other (Indicate below)

_____
_____
_____
_____

There is a charge of $1.00 per page for medical records released to patients. However, release of records to your physician is free of charge.

1. _____ _____
(Patient's Signature) (Date)

2. _____ _____
(Witness's Signature) (Date)