

# Summerlin Foot & Ankle

John E. Cade, DPM

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## Records Release Request

To: \_\_\_\_\_

I, \_\_\_\_\_ request the following medical records to be released to:

- Summerlin Foot & Ankle
- Dr. \_\_\_\_\_
- Myself
- Family Member
- Other

*If family member is picking up- I give \_\_\_\_\_  
permission to pick up the following requested records from date:  
\_\_\_\_\_ to date: \_\_\_\_\_.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

- Entire Medical Chart
- History and Physical
- Most recent chart note
- Pre-op history and physical
- Op reports
- Lab work
- CT, MRI, ultrasound, dopplers, EMG/NCV reports
- Other \_\_\_\_\_
- All x-rays
- First x-rays
- Most recent/ last x-rays

3320 North Buffalo Dr., Suite 107 Las Vegas, NV 89129 Phone- (702) 245-8454 Fax- (702) 256-0387

\*Please allow up to 7 business days for records request\*