

# Landmark Foot and Ankle Center

*Philip P. Garrett, DPM, FACFAS*

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## **Request for Release of Medical Records**

I Hereby Request:

### Landmark Foot and Ankle Center, PC

Philip P. Garrett, DPM, FACFAS

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**To Release my records**

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

Print Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_