

Swenson Foot & Ankle

5380 S. Rainbow, Ste. 318

Las Vegas, NV 89118

(702)873-3556

Fax: (702) 871-4190

MEDICAL RELEASE FORM

I _____ give Swenson Foot & Ankle Group,
(Patient's name)

Dr. Grant Swenson, my permission to release my medical records to

_____.

Patients Signature

Date of Birth

Date

Address (where records are being sent)

City, State, Zip Code

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Las Vegas, NV 89118
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