



# FINGER LAKES PODIATRY

*Medical & Surgical Treatment of the Foot*

650 Pre-Emption Road  
Geneva, NY 14456  
Telephone: (315) 789-8132  
Fax: (315) 789-8136

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

I AUTHORIZE RELEASE OF MY MEDICAL RECORDS FROM:

FINGERLAKES PODIATRY  
650 PRE-EMPTION ROAD  
GENEVA, NY 14456

TO:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE OF BIRTH