



**Raymond Brickhouse DPM & Jacob Button DPM**

*Physician & Surgeon of the Foot & Ankle*

6400 Clayton Rd, Ste 412, St. Louis, MO 63117 IPhone: (314) 381-1800 I Fax: (314) 442-7749

**MEDICAL RECORDS RELEASE FORM**

**Patients only fill out the highlighted portions of this document. Our office will fill out the remainder.**

**PATIENT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

I HEREBY AUTHORIZE:

FACILITY/ PROVIDER: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TO RELEASE MY RECORDS INCLUDING:

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

VIA FAX/ AND OR MAIL TO HORIZON FOOT AND ANKLE INSTITUTE, 6400 CLAYTON RD, STE 412, SAINT LOUIS, MO 63117

PHONE: (314)381-1800 FAX: (314)442-7749

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME & RELATIONSHIP:** \_\_\_\_\_