



United Foot & Ankle

Dr. Christine Nashed & Dr. John Boulos
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Phone: (732) 979-2035 Fax: (732) 955-6217

MEDICAL RECORDS RELEASE FORM

Patient's Name: _____

Address: _____

Date of Birth: _____

I hereby authorize: **UNITED FOOT AND ANKLE**
 CHRISTINE NASHED, DPM
 JOHN BOULOS, DPM
 579 Cranbury Rd., Ste. G,
 East Brunswick, NJ 08816
 Phone: (732) 979-2035
 Fax: (732) 955-6217

to release my medical records via MAIL/FAX to the

Physician's name

Physician's phone number

Physician's fax number (if known)

Physician's address (if known)

Signed: _____ **Date:** _____