FOOT ANKLE EAST
WILLIAM D. RESPESS, DPM

Off: 252.695.6000 Fax: 252.695.6059 1020 Red Banks Road, Greenville, NC 27858

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize: _____ to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates:

_____
_____

☐ All healthcare information

☐ Other:

_____

Patient Signature: _____ Date: _____