



## Medical Release Form

I, \_\_\_\_\_, DOB \_\_\_\_\_.

authorize the release of my medical records from:

Dr.

Please send my records to:

Bio-Tech Prosthetics & Orthotics

1728 S. Hawthorne Rd.

Winston-Salem, NC. 27103

Phone: 336.768.3666

Fax: 336.768.3468

Signature:

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Date: \_\_\_\_\_