



Elite FootCare of Texas, Inc.

Kurte W. Shepherd, DPM



4501 Cartwright Rd. Ste.208
Missouri City, TX 77459
Office (832) 539-1620
Fax (832) 539-1621
Putting Your Feet First!

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient name: _____

DOB: _____

Phone number: _____

Date: _____

To: _____

I, _____ hereby authorize you to
release my medical information to:

Elite FootCare of Texas Inc.
4501 Cartwright Rd. Ste.208
Missouri City, TX 77459
Office (832) 539-1620
Fax (832) 539-1621

**any and all information including the diagnosis and records of any treatment or
examination rendered to me during my visit.**

Please mail or fax any material to the office listed above.

SIGNATURE

WITNESS