



G. Adam Shapiro, DPM, FACFAS
Diplomate, Am. Board of Podiatric Surgery
Fellow, Am. College of Foot & Ankle Surgeons
Board Certified in Foot Surgery

Joe K. Ades, DPM, AACFAS
Associate, Am. College of Foot & Ankle Surgeons

James Robinson, DPM, AACFAS
Associate, Am. College of Foot & Ankle Surgeons

I hereby authorize:

(name)

(address)

(City/State/Zip)

(Phone)

(Fax)

To release all medical records, for continuity of care,
in your possession to: Foot & Ankle Associates

- 15419 Hodges Circle, #200
Huntersville, NC 28078
- 143 Joe V. Knox Avenue, #100
 Mooresville, NC 28117
- 3220 Prosperity Church Road, #101
Charlotte, NC 28269

Patient Name: _____

Patient Address: _____

Patient Phone: _____

Patient DOB: _____

Patient Signature: _____
(Parent if patient is a minor)

Date: _____

Witness: _____

Morrison Plantation
143 Joe Knox Ave.
Suite 100
 Mooresville, NC 28117
704.662.3660 ph
704.662.3595 fx

Gilead Medical Center
15419 Hodges Circle
Suite 200
Huntersville, NC 28078
704.892.5575 ph
704.892.6566 fx

Prosperity Commons
3220 Prosperity Ch. Rd.
Suite 101
Charlotte, NC 28269
704.971.7100 ph
704.971.7101 fx