

SOUTHWEST FOOT & ANKLE SPECIALISTS, P.C.
515 HOWARD ST
KALAMAZOO MI 49008
269-385-1000
269-385-5120 FAX

I, _____, give Southwest Foot & Ankle Specialists, P.C. Permission to share all my medical and billing information with _____.

Effective as of _____ and will not be void unless a letter of change is submitted to Southwest Foot & Ankle Specialists, P.C.

Do you authorize Southwest Foot & Ankle Specialists, P.C. to leave personal protected information such as lab results, surgery information, insurance payment information, etc., on your home answering machine or cell phone voice mail?

YES NO

All lab specimens are sent to Bronson Methodist Hospital unless you indicate other wise. Please circle the hospital that your insurance requires labs to be sent to:

Borgess

Bronson

Quest

Patient's Signature

Date