



VICTOR VILLAGONZALO, DPM
PODIATRIST

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REQUEST FOR MEDICAL RECORDS / Authorization for Disclosure of Confidential Information

Upon written request, Podiatry Services of Ithaca, P.C. is happy to provide you with copies of your medical records and/or x-rays. Please read our office policy and contact the office with any questions. All requests must be in writing and clearly indicate the physician you would like your records forwarded to (when applicable).

Request for Medical Records- Submit at least 7 business days prior to scheduled appointment.

Request for X-rays- Submit at least 7 business days prior to scheduled appointment.

Note: X-rays are part of your permanent medical record and therefore originals cannot be released from our office.

Patient Information:

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone No.: _____ Secondary Phone No.: _____

Request (Please check all that apply):

- ☐ Podiatry visit notes ☐ Care Plan ☐ Lab report(s) ☐ Operative report(s)
☐ Foot X-ray(s) ☐ Imaging report(s) ☐ Appointment scheduling
☐ Other (please specify): _____

Release records to (specify either patient or physician):

Name: _____

Address: _____

Phone No.: _____ Fax No.: _____

Reason: ☐ Second opinion ☐ Transfer of care ☐ Patient records ☐ Other: _____

Sent Via: ☐ Hand to patient ☐ Mail to listed address ☐ Fax to listed fax number

Patient or Parent/Guardian Signature

Date

Witness Signature

Date