



Dr. Stephen F. Levin, DPM, Dr. Martin Port, MS, DPM & Dr. Brendan Barrett, DPM  
 26827 Foggy Creek Road, Suite 104, Wesley Chapel, FL 33544  
 3704 Euclid Avenue, Tampa, FL 33629  
 Phone: 813-973-3535 | Fax: 813-907-2963



## RECORDS REQUEST

I, (Patient Name/Date of

Birth) \_\_\_\_\_, request that my  
 medical records from (Name of Physician) \_\_\_\_\_ be  
 released to **New Tampa Foot and Ankle** for continuation of care. This information can be faxed to us at 1-813-  
 907-2963, ATTN: Front Office Staff. Please include the following information:

- \_\_\_\_ Office Notes
- \_\_\_\_ Lab Results
- \_\_\_\_ MRI/XRAY film/reports
- \_\_\_\_ Full Records (labs, radiology, etc.)

## Records Release

I, (Patient Name/Date of

Birth) \_\_\_\_\_  
 authorize, Dr. Stephen F. Levin, DPM, Dr. Martin Port & Dr. Brendan M. Barrett, DPM. to release my medical  
 records, billing ledgers, and superbills to:

\_\_\_\_\_ until  
 otherwise written.

(Name of Individual and Relationship)

Signature: \_\_\_\_\_

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

Date Released/Picked Up: \_\_\_\_\_

NTFA Staff Signature: \_\_\_\_\_