



G. Adam Shapiro, DPM, FACFAS
Diplomate, Am. Board of Podiatric Surgery
Board Certified in Foot Surgery
Joe K. Ades, DPM
Podiatric Foot & Ankle Surgeon

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

- 16623 Birkdale Commons Pkwy, #120
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:

143 Joe Knox Avenue
Suite 100
 Mooresville, NC 28117
704.662.3660 ph
704.662.3595 fx

16623 Birkdale Commons Pkwy
Suite 120
Huntersville, NC 28078
704.892.5575 ph
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3220 Prosperity Church Rd
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704.971.7100 ph
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