Kinex Podiatry, PLLC
P: 972-709-7556
F: 972-709-7611
1740 W. Virginia Street Ste. 100
McKinney, TX 75069

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____, authorize Kinex Podiatry to release health information to me via:

⬜ In-person at Office

⬜ Email ⬜ Fax ⬜ Mail

Email: _____ Fax #:_____ Address:_____

_____

_____

Please briefly describe the information that will be released:

_____

_____

_____

_____ _____ _____

Patient Name DOB Date

_____

Patient Signature

Please Note:

All fees must be paid in full prior to our office sending out any medical records

Base fee: from 1 to 14 pages $50

From 15-25 pages