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F [864] 231-7374

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Suite G2
Greenville, SC 29615
P [864] 676-0029
F [864] 676-0039

RE: _____

Social Security #: _____

Date of birth: _____

To: _____

Name, address & phone # of Medical Facility or Office records are to be requested from

I do hereby request that medical records on the above named patient be released to Anderson Prosthetics & Orthotics, llc. The information that we are requesting includes any patient history and clinical notes.

Thank you,

Tom Martin, CPO

Signature of patient

Date

Witness