

**RELEASE OF MEDICAL RECORDS**

I authorize the release of any medical or other information necessary to process my insurance claim.

X \_\_\_\_\_  
Signature of Patient or Authorized Person Date

**AUTHORIZATION FOR PAYMENT**

I authorize payment of medical benefits to Midtown Foot Clinic, P.C. & Midtown Surgical Center, LLC for services rendered. I understand that I am responsible for charges incurred as a result of services rendered.

X \_\_\_\_\_  
Signature of Patient or Authorized Person Date

**AUTHORIZATION FOR TREATMENT**

I hereby authorize Dr. John M. Murrell (or his designee) to administer podiatric care and to perform such minor operative procedures and/or other appropriate studies as may be deemed necessary or advisable in the diagnosis and treatment of this patient.

I *understand* that my physician, Dr. John M. Murrell, will use his best skill and judgment to accomplish the desired result, but that Dr. Murrell cannot and does not warrant or guarantee such result; also that his forecast of length of time involved in therapy and/or recovery from surgery, the manner of recovery and the possible complication or untoward results is based upon the usual and average response in cases similar to mine, but that is not a promise since my results/response may be different from the usual.

On my part, I promise full cooperation with Dr. John M. Murrell and his staff in my treatment whether by surgical or nonsurgical means. I understand that if I do not follow my doctor's instructions, or the instructions of his staff, concerning my care and treatment including any necessary physical therapy, the outcome of my care and treatment could be put into jeopardy and a bad result may occur.

**I hereby certify that I have read and fully understand this authorization for medical treatment.**

\_\_\_\_\_  
Name of Patient Date of Birth

X \_\_\_\_\_  
Signature of Patient or Authorized Person Date

Signed for Patient by: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Reason why Patient cannot sign: \_\_\_\_\_