

**CAROLINA FOOT CARE ASSOCIATES, PLLC**  
PODIATRIC MEDICINE AND FOOT SURGERY

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DR. WILLIAM J. O'NEILL  
DR. RACHEL RADER  
DR. SHALONDA DAVIDSON

DR. TERRY ANN DONOVAN

**MEDICAL RELEASE FORM**

DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_  
(Please Print)

\_\_\_\_\_ I authorize release of medical information.

\_\_\_\_\_ I authorize Carolina Foot Care to make medical inquiries on my behalf.

PATIENT'S SIGNATURE \_\_\_\_\_