



**Dr. Edward Lang**  
**Surgery of the Foot and Ankle**

**ACKNOWLEDGMENT OF RELEASE OF RECORDS TO PATIENT**

I, \_\_\_\_\_, have received from  
New Orleans Podiatry Associates and its affiliated agents a copy of my medical records  
in its entirety, including but not limited to physician progress notes, operative reports,  
radiology reports, laboratory results, and any external or internal information  
that has been created or collected on my behalf.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

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