

Bolingbrook Foot And Ankle Center, P.C.
Ronald Pieroni, DPM
469 N. Bolingbrook Drive
Bolingbrook, IL 60440

Date: _____

To Whom It May Concern:

I, _____ give permission for
Bolingbrook Foot and Ankle Center/Dr. Ronald P. Pieroni to release
my medical records to me.

Sincerely,

Patient