



Dr. Sam Scott, DPM  
6719 Governor GC Peery Hwy, Ste 800, Richlands, VA 24641  
Phone: (276) 596-9346 Fax: (276) 596-9348

10/29/2013

To Whom It May Concern:

I, \_\_\_\_\_, Date of Birth: \_\_\_\_\_,

give permission to \_\_\_\_\_ to

supply a copy of my medical records to Dr. Sam Scott at Clinch Valley

Family Podiatry, PLLC.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_