

# *Coastal Podiatry, LLC*

Rahn A. Ravenell, DPM   Tamika MB. Ravenell, DPM

I, \_\_\_\_\_ give permission for the following people (family members, etc.) to receive any confidential information regarding myself from the office of Coastal Podiatry, LLC. If not listed below, we are prohibited from discussing you or your care with anyone.

**Name (Please Print)**

**Relationship**

---

---

---

**Check one:**

- Appointment reminders or messages may be left on my answering machine/voice mail
- Please do not leave appointment reminders or messages on my answering machine/voice mail

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date