



2151 E. SEMORAN BLVD. APOPKA, FL 32703

PHONE 407.628.9100 FAX 407.628.0748

MEDICAL INFORMATION RELEASE FORM

To whom it may concern:

This release form authorizes all physicians, hospitals, and medical attendants to furnish full and complete medical reports, films, and other information requested by this facility, affording them the opportunity to examine a copy of medical records to obtain evaluations and opinions concerning prior subsequent medical care. The patient has the right to revoke this authorization at any time.

This authorization will expire 1 year from the date of completion.

Type of Films and reports needed

Reason for request

Please advise when records are:

Ready to be picked up

Being delivered

Have been mailed

Not available

Patients Signature

Date

Print Patient's Name

Date of Birth

Social Security Number

Witness Signature

Facility

1st Attempt

Fax#

Phone#

2nd Attempt