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Authorization for the use and disclosure for protected health information

There is no charge when your records are sent from Dr. Guarino to another licensed medical provider. Beyond this service, I agree to be responsible for the cost of copying these records. The charge is \$1.00 per page for the first 25 pages and \$.25 per page thereafter, if applicable. This will cover fees, labor, supplies, and postage.

Please note that this can normally take 7-10 business days to fully complete this request. The request is processed sooner in situations of a medical emergency.

Patient Name: _____ **DOB:** _____

Address: _____

Signature: _____

_____ **Send Records to Dr. John Guarino & Dr. Matthew Tufts**

_____ **Send my records to:** _____

Medical Requests request:

_____ Last Colonoscopy & pathology. Date of last procedure _____

_____ Last EGD & pathology. Date of last procedure _____

_____ Most recent breast reports and pathology. Date of last procedure _____

Additional Requests: _____

Office Use:

Previous Dr. Castilla Patient _____

Physician Approval _____ Mailed/Faxed _____ Date Completed _____