

Emerald Coast Cancer Center

1024 Mar Walt Drive
Fort Walton Beach, FL 32547
Phone: 850-863-3148
Fax: 850-863-3132
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REQUEST FOR RELEASE/REQUEST OF MEDICAL RECORDS

Please Sign This Page Only

Date: _____

To: _____
(previous physician/practice name)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

I hereby request that my medical records be released to us or by us.

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Date of Birth: _____

Patient Name Printed: _____

Patient Signature: _____