

308 53<sup>rd</sup> Ave E Bradenton FL, 34203  
Phone: 941-909-7900 Fax: 941-538-5015

**Medical Information Release Form**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Release of Information**

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

This **Release of Information** will remain in effect until terminated by me in writing.

**Messages**

Please call:  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

If unable to reach me:

you may leave a detailed message

please leave a message asking to return your call

The best time to reach me is (day) \_\_\_\_\_ between (time) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_