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:

☐ MRI ☐ US/ECHO ☐ DEXA ☐ CT ☐ MAMMOGRAM ☐ XRAY ☐ OTHER________________

Purpose of Disclosure:

☐ Continuation of Care ☐ Litigation/Legal ☐ Personal Care ☐ Other ____________________________

Please advise when records are:

☐ Ready to be picked up ☐ Have been mailed ☐ Sent with PowerShare ☐ Being delivered ☐ Not available

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Patients Signature	Date
Print Patient's Name	Date of Birth
Social Security Number	Witness Signature

Facility	1st Attempt
Fax# Phone#	2nd Attempt