



Records Release Form

Doctor:

- | | | | |
|-----------------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Bazzi | <input type="checkbox"/> Concepcion | <input type="checkbox"/> Hurwit | <input type="checkbox"/> Ross |
| <input type="checkbox"/> Bratschi | <input type="checkbox"/> Correa | <input type="checkbox"/> Jaraki | <input type="checkbox"/> Speziani |
| <input type="checkbox"/> Bryan | <input type="checkbox"/> Coy | <input type="checkbox"/> Lister | <input type="checkbox"/> Tzur |
| <input type="checkbox"/> Cerami | <input type="checkbox"/> Elias | <input type="checkbox"/> Rechani | |

To: _____

I, _____ hereby authorize the release of all my medical records or copies such as labs, EKGs, HIV, CXRs, test results including echocardiograms, reports, exams, procedures, etc. and request that they be transferred to:

- | | |
|---|---|
| <input type="checkbox"/> AVENTURA OFFICE - MICC
21097 NE 27th COURT, SUITE 100
AVENTURA, FL 33180
O. (305) 792-0012 F. (305) 792-0030 | <input type="checkbox"/> JACKSON NORTH OFFICE - MICC
100 NW 170 STREET, SUITE 401
NORTH MIAMI BEACH, FL 33161
O. (305) 655-1877 F. (305) 249-0790 |
| <input type="checkbox"/> BISCAYNE OFFICE - MICC
3801 BISCAYNE BOULEVARD, SUITE 300
MIAMI, FLORIDA 33137
O. (305) 571-0620 F. (305) 576-8099 | <input type="checkbox"/> PEMBROKE PINES OFFICE NORTH - MICC
601 NORTH FLAMINGO ROAD, SUITE 407
PEMBROKE PINES, FL 33028
O. (954) 433-5666 F. (954) 433-5592 |
| <input type="checkbox"/> HIALEAH OFFICE SUITE 401 - MICC
7150 WEST 20th AVENUE, SUITE 401
HIALEAH, FL 33016
O. (305) 571-0671 (305) 362-9823 | <input type="checkbox"/> PEMBROKE PINES OFFICE SOUTH - MICC
252 SOUTH FLAMINGO ROAD
REMBROKE PINES, FL 33027
O. (954) 437-8888 F. (954) 437-6256 |
| <input type="checkbox"/> HIALEAH OFFICE SUITE 314 - MICC
7150 WEST 20th AVENUE, SUITE 314
HIALEAH, FL 33016
O. (305) 654-7887 F. (305) 654-1350 | |

Patient name (print)

Patient signature

Patient date of birth

Social Security number

Date

Witness

Do not write below this line. Office use only.

Requested by: _____ Date: _____ Received by: _____

Sent on: _____ By: _____ Via: _____