

Michael P. Zahalsky, MD • Mini Varghese, MD • Christopher Hollowell, MD

Michael Tyler, MD • Laurel Sofer, MD • Bradley Garden, MD

Melissa Marchand, PA-C • Monika Kulik, PA-C • Linda Calderon, PA-C • Sarah Almoshaikah, PA-C

954-714-8200 Phone

954-840-2626 Fax

www.zurology.com

## CONSENT FOR RELEASE OF MEDICAL RECORDS

## PLEASE RELEASE MEDICAL RECORDS FOR:

PATIENT NAME:			
DOB:	LAST 4 DIGITS OF SS#		
TO:			
NAME:((PHYSICIAN OR FACILITY)			
ADDRESS:			-
PHONE:			
FAX:			
PATIENT SIGNATURE		DATE	

I authorize and request the disclosure of all protected information. I expressly request that the designated record custodian of all covered entities under HIPAA identified above disclose full and complete protected medical records.