



Sunny Isles Physicians
18600 Collins Ave
Sunny Isle Beach, FL 33160
305-931-8484 F: 305-936-1849

RECORDS RELEASE AUTHORIZATION

TO: _____
DOCTOR or HOSPITAL

ADDRESS

I hereby authorize and request you to release to:

The complete history records in your possession, concerning my illness and/or treatment during the period from TO _____

Name _____ Date of Birth _____

Address _____

Signature _____ Witness _____

(If a relative, please state relationship) _____