PALM BEACH DIABETES & ENDOCRINE SPECIALISTS, P.A.

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Telephone Number (561) 659-6336 **Fax Number** (561) 659-9353

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby request and authorize PBDES (PALM BEACH DIABETES AND ENDOCRINE SPECIALISTS)

_____RELEASE TO

or

_____OBTAIN FROM _____

_____
ADDRESS / FAX #

The following information:

_____All medical information and reports _____X-ray report(s)

_____Thyroid scan and uptake _____Ultrasound report(s)

_____Laboratory report(s)

Except for the following which expressly may not be disclosed:

(If none write "None") _____

from the medical records of: _____
(Patient name)

SS#_____ DOB _____

All information I hereby authorize to be obtained from this physician/hospital/medical provider will be held strictly confidential and cannot be released by the recipient without my written consent.

I understand that this authorization will remain in effect for 90 days unless I specify an earlier expiration date here _____
Date

_____
DATE SIGNATURE OF PATIENT/LEGAL GUARDIAN

_____
DATE SIGNATURE OF WITNESS