Florida Center for Gynecologic Oncology

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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

RELEASE RECORDS FROM: **Zoyla Almeida M.D. P.A.**
4855 W. Hillsboro Blvd. #B-13
Coconut Creek, FL 33073
P: (954) 420-9182 F: 954-420-9184

PATIENT INFORMATION:

Patient Name: _____

Social Security Number: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

SEND RELEASED RECORDS TO:

Physician Name or Practice: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Fax Number: _____

Specific Items to be released: _____

_____

Please send the information via: Mail:_____ Fax:_____ Hold for pick up:_____

I hereby release Dr. Almeida/Florida Gynecolgic Oncology and its employees from any and all liability that may arise from the release of information as I have directed.

_____ _____
Signature of Patient or Legal Guardian Date