



Zoyla Almeida M.D. P.A.
Gynecologic Oncology
4855 W Hillsboro Blvd., #B-13
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P: 954-420-9182 F: 954-420-9184

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
TO DR. ZOYLA ALMEIDA**

PATIENT INFORMATION:

Patient Name: _____

Social Security Number/DOB: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

RECORDS RELEASED FROM:

Physician Name or Practice: _____

Address: _____

City, State, Zip Code: _____

Phone/Fax Number: P: _____ F: _____

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

Specific Items to be released: _____

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

I hereby release Dr. Almeida/Florida Gynecologic 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