

**Endocrinology**

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**MEDICAL RELEASE OF INFORMATION****RHEUM/ ENDO/ IM (CIRCLE ONE)**

Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Social Security Number(last four) \_\_\_\_\_

TO \_\_\_\_\_

FAX \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby authorize and request you to release any and all information which you may possess relating to my examination and illnesses, including psychiatric and/or psychological information which may be part of my records.

**SPECIAL ATTENTION TO:**

OFFICE NOTES \_\_\_\_\_

LABORATORY AND BIOPSY REPORTS \_\_\_\_\_

IMAGING : XRAY \_\_\_\_\_ MRI \_\_\_\_\_ CT \_\_\_\_\_ DEXA \_\_\_\_\_

SPECIAL NOTE: \_\_\_\_\_

**Please forward using this page as your coversheet to:**

32615 US HWY 19N

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