MjM

BOYNTON BEACH ENDOCRINOLOGY, P.A.
10150 HAGEN RANCH RD #201
BOYNTON BEACH, FL 33437

Dr. Michael J. Mellman

561-374-8969 PHONE **561-374-8929 FAX** **info@bbendo.com**

#

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's name: _____ Date of Birth: _____

I request and authorize: _____ to release my healthcare information to:

BOYNTON BEACH ENDOCRINOLOGY, P.A.

This request applies to:

☐ Labs ☐ Ultrasounds ☐ CT Scans ☐ MRI

☐ Other _____

Treatment dates of service to be released: _____

Patient Signature: _____ Date: _____

(If not patient, indicate relationship): _____

Witness: _____ Date: _____