

SOUTH FLORIDA RADIATION ONCOLOGY

RECORDS REQUEST/RELEASE OF INFORMATION

Name: _____

Address: _____

DOB: _____ Phone: _____ Social Security#: _____

I authorize _____ to release my health information
(Name of Doctor and/or Facility)
indicated below to the following party:

South Florida Radiation Oncology For the purpose of: Radiation Therapy

- | | |
|---|---|
| <input type="checkbox"/> Entire Medical Records | <input type="checkbox"/> Laboratory Reports: from _____ to _____
(date) (date) |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Radiology Reports: from _____ to _____
(date) (date) |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> Problem List |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Medications List |
| <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Pathology Reports |
| <input type="checkbox"/> Physician Progress Notes | <input type="checkbox"/> Physical Therapy Records |
| <input type="checkbox"/> Nurses Notes | <input type="checkbox"/> Other _____ |

I understand that I have the right to withdrawal my authorization at any time except to the extent that action has already been taken pursuant to this authorization. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Medical Records Department.

Patient/ Personal Representative Signature Print Name Date

Please fax all records to the clinic checked below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Boca Raton East
FAX: (561) 391 7797
TEL: (561) 826 3334 | <input type="checkbox"/> Wellington
FAX: (561) 795 8791
TEL: (561) 795 9845 | <input type="checkbox"/> Stuart
FAX: (772) 403 2395
TEL: (772) 403 2390 |
| <input type="checkbox"/> Boca Raton West
FAX: (561) 883 8658
TEL: (561) 883 8656 | <input type="checkbox"/> Palm Beach Gardens
FAX: (561) 775 7858
TEL: (561) 624 1717 | <input type="checkbox"/> Port St. Lucie
FAX: (772) 335 9345
TEL: (772) 323 2801 |
| <input type="checkbox"/> Boynton Beach
FAX: (561) 737 2521
TEL: (561) 737 2339 | <input type="checkbox"/> Jupiter
FAX: (561) 630 1540
TEL: (561) 275 1820 | |