

ADVANCED GASTROENTEROLOGY OF SOUTH FLORIDA, PA
Karthik Mohan, DO
Board Certified Internal Medicine
Board Certified Gastroenterology
Gastroenterology
Palmetto Medical Plaza
7100 West 20 Ave, Suite 301
Hialeah, Florida 33016

Phone (305) 556-3727 Fax (305) 556-3711

MEDICAL RELEASE FORM

I authorize release my medical records to Advanced Gastroenterology of South Florida, PA.

Patient's Name _____ DOB _____

Social Security _____

PURPOSE OF DISCLOSURE

Personal Use Legal Purpose Insurance Purpose

Other _____

INFORMATION TO BE RELEASED

- Consult
- Discharge Summary
- Lab Report
- Radiology Reports
- Pathology Reports
- ALL
- Other _____

This authorization shall be valid for 90 days from the date of signature or the date of completion of treatment whichever is later, unless otherwise expressly revoked by me in writing prior to that time.

If records are mailed to a physician of another medical facility, I will incur in a prepaid charge of \$1.00 per page as copying fee.

Patient's Signature _____ Date _____

Legal Guardian Signature _____ Date _____