Orthopaedics of Brevard Lawrence G. Robinson, M.D. Brian S. Ziegler, M.D.

)			Date of Birth
This information is to be	::	☐ released to	OR	☐ obtained from
Provider/Organization	Nan	ne, Address, Telep	<u>hone</u>	and Fax Number
Provider/Organization Name				
Address				
City/State/Zip				
Telephone	Fax			
Medical Information Requesting:		Recent EKG Medical Records DEXA Reports Other:		Laboratory Results Radiology Reports All Records
Release Information to:	wrenc	ce G. Robinson, M.D.		Brian S. Ziegler, M.D.
Please release all records, unless possession regarding the patient lis			and ot	her documentation in you
I understand these records may consinformation which are administration information contained the medi Immunodeficiency Virus (HIV), A responsibility for the use or distributelease you from all liability which records. I authorize copied or facs if required, I authorize you to translease you from any liability for failure to receive transmission if medians.	tive i cal r IDS o ution may i imile ismit brea	n nature. I specific ecord which may or related conditions of this information larise from your comp transmission of my this information by ch of confidentiality	ally corelate s. I unoy the pliance signature, misconnection, misc	onsent to the release of an to infection with Human derstand that you have no party to whom it released. It with this request to releasure as an original. Also, an anile transmission (FAX) and direction of transmission of
	fnom	data aigmad		
Authorization expires one (1) year	TOIII	date signed.		