

Narciso L. Gomez, MD, FACS, FASCRS

BOARD CERTIFIED

COMPASSIONATE SURGICAL CARE

TEL: (954) 369-5717

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3475 SHERIDAN STREET
SUITE 201
SHERIDAN EXECUTIVE CENTRE
HOLLYWOOD, FL 33021

PATIENT REQUEST FOR RELEASE OF RECORDS

Patient Name: _____ Date of Birth: _____
(Please Print)

Doctor you are requesting records from: _____

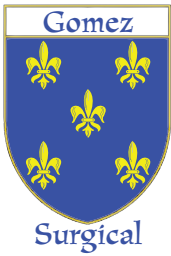
Signed: _____ Date: _____

RECORDS RELEASED (To be signed on receipt of records)

I acknowledge receipt of my medical records from Narciso L. Gomez, MD, FACS, FASCRS

Signed: _____ Date: _____

Witness: _____ Date _____



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PATIENT REQUEST FOR RELEASE OF MEDICAL INFORMATION

SECTION I: PATIENT INFORMATION

Name:	Date of Birth:
Address:	Social Security #:
Phone #:	

SECTION II: REQUEST FOR SPECIFIC ITEMS TO BE RELEASED

I request Narciso L. Gomez, MD FACS, FASCRS to release the medical information identified below relating to my treatment during these dates: from _____ to _____.

History & Physical Pathology Report Laboratory Results
 X-Ray Reports Discharge Summary Complete Medical Record (will not be faxed)
 Emergency Room Operative Report
 Progress Notes Photograph, videotapes or other digital images
 Consultation Report Records of Prescription Medications
 Other (describe) _____

SECTION III: DELIVERY METHOD

<input type="checkbox"/> Hold record for pick-up; I personally will claim the record.	<input type="checkbox"/> Fax to this number: (NOTE: Complete medical record will not be faxed)
<input type="checkbox"/> Hold for pick-up by my authorized representative: NAME: _____ (NOTE: Your authorized representative will be asked to produce proof of positive identification.)	<input type="checkbox"/> Mail to this address:

SECTION IV: DUPLICATING FEES

I understand:

- (1) there is no charge associated with giving my records sent directly to another physician or provider to facilitate continuity or transfer of my care;
- (2) if I have requested the records personally, there will be a charge to cover the cost of the duplication and this charge is allowed by law. (The fee = \$1.00 per page for the first 25 pages, \$.25 for each additional page. Charges for film duplication may be higher);
- (3) this request may take up to ten days to satisfy. _____ (initial)

SECTION V: RELEASE

I hereby release Narciso L. Gomez, MD FACS, FASCRS and employees from any and all liability that may arise from the release of information as I have directed.