RELEASE OF MEDICAL RECORDS

Shauna K. Kranendonk, M.D.
John Perrotto, D.O.
Heather Zakian, PA-C
224 Chimney Corner Lane, Suite #3002
Jupiter, FL 33458
Phone: 561-820-0155
Fax: 561-691-3281

I _____ DOB _____ authorize the release of my medical records **TO / FROM**

Doctor: _____

Address: _____

_____

Phone: _____

Fax: _____

I request a copy of the following:

_____ Complete Medical Records
_____ Consultation Report(s)
_____ Allergy Test/Treatment
_____ Other

_____ Biopsy Report(s)
_____ Lab Report
_____ Surgical Procedures

_____

Patient Signature **Date**

_____

Print Name