Orthopaedic Specialties of Tampa Bay, P.A.
1011 Jeffords Street, Suite C
Clearwater, Florida 33756
Phone: 727-446-5993
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REQUEST FOR RELEASE OF MEDICAL RECORDS

PATIENT NAME: _____

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DATE OF BIRTH: _____

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I hereby request that my medical records bereleased to:

DR. _____

Orthopaedic Specialties of Tampa Bay, P.A.
1011 Jeffords Street, Suite C
Clearwater, Florida 33756

SPECIAL REQUEST: _____

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