Orthopaedic Specialties of Tampa Bay, P.A.
1011 Jeffords Street, Suite C
Clearwater, Florida 33756
Phone: 727-446-5993
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Message: ☐ Urgent ☐ Reply ASAP ☐ Please Comment ☐ Please Review

REQUEST FOR RELEASE OF MEDICAL RECORDS

PATIENT NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

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: _____

_____

_____

_____

SIGNATURE _____

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