

# BAYVIEW GENERAL MEDICINE

**Richard Blanchar, M.D.**

4401 West Tradewinds Avenue • Lauderdale-by-the-Sea, FL 33308

PH: (954) 776-6992 • FX: (954) 776-6969

---

## RELEASE OF RECORDS

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I HEREBY AUTHORIZE DISCLOSURE OF MY PROTECTED HEALTH INFORMATION AS FOLLOWS:  
**(CHECK ALL THAT APPLY.)**

- COMPLETE MEDICAL RECORD FOR ALL SERVICES TO INCLUDE: HISTORY AND PHYSICAL EXAM, PROGRESS NOTES, LABORATORY TESTS, PHYSICIAN ORDERS, X-RAY REPORTS, IN-PATIENT ADMISSIONS, PHYSICAL THERAPY.
- HIV TEST RESULTS
- RECORDS RELATED ONLY TO THE FOLLOWING DATE(S) OF SERVICE \_\_\_\_\_.

THE PURPOSE OF THIS RELEASE OF INFORMATION IS FOR: **(CHECK ALL THAT APPLY.)**

- TRANSFER OF RECORDS TO ANOTHER PROVIDER
- TRANSFER OF RECORDS TO COMPLETE HEALTH RECORDS OR INFORMATION AT ANOTHER ENTITY OR SERVICE
- PERSONAL USE
- OTHER (DESCRIBE)

I HEREBY AUTHORIZE YOU TO RELEASE ANY INFORMATION INCLUDING THE DIAGNOSIS AND RECORDS OF ANY TREATMENT OR EXAMINATION RENDERED TO ME.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE FAX RECORDS TO 954-776-6969**