Clermont Internal & Cosmetic Medicine
290 Citrus Tower Blvd, Suite 102
Clermont, Florida 34711
Phone: 352-404-5174 Fax : 855-794-3370

RELEASE OF MEDICAL RECORDS

Date: _____

I, _____, authorize the release of my medical records to Clermont Internal & Cosmetic Medicine. Please include the following:

❑ **Progress notes** ❑ **Lab results** ❑ **Diagnostic imaging** ❑ **Other _____**

- Name of Physician/Clinic: _____
- Address: _____
  _____
- Phone: _____ Fax: _____

Patient name (printed): _____
Date of birth: _____

Patient/Guardian Signature: _____