| E. Thomas Arne Jr., D.O., F.A.C.C.1250 S. Tamiami Trail Suite 401Sarasota, Florida 34239Office: 941-366-2194 Fax: 941-366-7025[www.gulfshorepc.com](http://www.gulfshorepc.com)  |  |  | IMG_4682 |
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**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

Page 1 of 1

I hereby authorize the release of my records to Dr. E. Thomas Arne, Jr., D.O., FACC, at the address listed above. Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

**Doctor/Medical Practice Name:**

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**Address: Street City State Zip**

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**Phone Number FAX**

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**Doctor/Medical Practice Name:**

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**Address: Street City State Zip**

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**Phone Number FAX**

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**Doctor/Medical Practice Name:**

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**Address: Street City State Zip**

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**Phone Number FAX**

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**Patient’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_**