



# A New Life

OB/GYN of Broward

*Experience Compassionate Care.*

**Jane E. Matos-Fraebel, M.D., F.A.C.O.G.**

## CONSENT TO DISCUSS MEDICAL INFORMATION

I, \_\_\_\_\_, DOB \_\_\_\_\_, HEREBY AUTHORIZE

\_\_\_\_\_/\_\_\_\_\_  
**Name** / **Relationship** TO HAVE

ACCESS TO ANY AND ALL OF MY MEDICAL RECORDS. THIS INCLUDES, BUT IS NOT LIMITED TO, DOCTORS' NOTES, TEST RESULTS, AND PRESCRIPTIONS (WRITTEN, VERBAL, OR ELECTRONICALLY TRANSMITTED).

SIGNATURE \_\_\_\_\_

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