Ellenton Urgent Care
A Smart ER Alternative

Medical Information Release Form

Name _____ Date of Birth: ____/____/_____

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____Relationship: _____

This ***Release of Information*** will remain in effect until terminated by me in writing.

Messages

Please call: [] Home_____ [] Work_____ [] Cell_____

If unable to reach me:

[] you may leave a detailed message

[] please leave a message asking to return your call

The best time to reach me is (day) _____ between (time)_____

Signed: _____ Date: _____/_____/_____