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Phone (727) 289-8520
Email: DrMaltese@spineandsport.clinic
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Dr. Joseph M. Maltese
Dr. Natasha L. Maltese
Chiropractic Physicians

Medical Records Release Form

Facility: _____

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the physician/person/facility/entity listed below.

Patient Name: _____ Date of Birth: _____

The information you may release subject to this signed release form is as follows

□ Complete Records □ Radiology Reports (MRI, CT, Radiographs)

□ Hospital Reports □ Treatment Records

□ Lab Reports □ Other _____

Release of protected health information to the following physician/person/facility/entity

Name: Primal Performance Spine and Sport
Address: 4401 Central Avenue
St. Petersburg, FL 33713
Fax: (727) 213-6969

Signature:

_____ _____

Patient Name Signature of Patient

_____

Date