



REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient Name _____ / _____ / _____
Date of Birth _____ - _____ - _____
SSN

To (Provide Facility/ Location): _____

Fax number: _____ Phone Number: _____

I REQUEST THAT RECORDS BE RELEASED THAT PERTAIN TO THE FOLLOWING BODY REGION(S):

SPECIFICALLY, I REQUEST FOR THE FOLLOWING TO BE SENT:

- | | |
|---|---|
| <input type="checkbox"/> X-Ray (Radiology Report & Imaging Disk) | <input type="checkbox"/> MRI's (Radiology Report & Imaging Disk) |
| <input type="checkbox"/> Consult Reports <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Complete Records <input type="checkbox"/> Other: _____ |

PLEASE RELEASE TO:

- | | |
|--|--|
| <input type="checkbox"/> 5630 Marquesas Circle, Sarasota, FL 34243 | Phone: (941)357-1773 Fax: (941)256-7452 |
| <input type="checkbox"/> 8600 Hidden River Parkway, Suite 700, Tampa, FL 33637 | Phone: (813)544-3123 Fax: (941)256-7452 |
| <input type="checkbox"/> 100 2nd Avenue South, Suite 904S, St. Pete, FL 33701 | Phone: (727)284-5250 Fax: (941)256-7452 |
| <input type="checkbox"/> 1412 Trovillion Avenue, Winter Park, FL 32789 | Phone: (941)357-1773 Fax: (941)256-7452 |

REQUESTING PROVIDER:

- ☐ James Leiber, D.O. ☐ Ignatios Papas, D.O. ☐ Ronald Torrance, D.O. ☐ Lisa Valastro, D.O.

I authorize your facility to release the medical records requested by Regenexx Tampa Bay.

Patient Signature

Date

I UNDERSTAND THAT THE INFORMATION IN MY HEALTH RECORD MAY INCLUDE INFORMATION RELATING TO SEXUALLY TRANSMITTED DISEASE, ACQUIRED IMMUNODEFICIENCY SYNDROME(AIDS), OR HUMAN IMMUNODEFICIENCY VIRUS(HIV). IT MAY ALSO INCLUDE INFORMATION ABOUT BEHAVIORAL OR MENTAL HEALTH SERVICES, AND TREATMENT FOR ALCOHOL AND DRUG ABUSE OR SELF-PAID SERVICES. YOU ARE HEREBY SPECIFICALLY AUTHORIZED TO RELEASE ALL INFORMATION OR MEDICAL RECORDS RELATING TO SUCH DIAGNOSIS, TESTING, OR TREATMENT, UNLESS SPECIFICALLY EXCLUDED ABOVE. THIS AUTHORIZATION WILL EXPIRE ONE YEAR FROM THE DATE OF SIGNING UNLESS OTHERWISE INDICATED. THE PATIENT MAY REVOKE THIS AUTHORIZATION AT ANY TIME UPON REQUEST. THE DISCLOSED INFORMATION MAY NO LONGER BE PROTECTED BY THE PRIVACY PRACTICES OF THIS PRACTICE.