

**REQUEST
FOR
MEDICAL RECORDS**



Date: _____

To: _____

I hereby request that my medical records be released to:

Dr. Jacqueline Romero

11181 Health Park Boulevard, Suite 2260
Naples, FL 34110
(p) 239-514-7315
(f) 239-514-7304

We are a paperless and eco friendly office, and do prefer records to be emailed when possible. Please email records (zip for large files) to: oaktreefamily@embarqmail.com

Patient's Name: _____ **DOB:** _____

I hereby authorize the above named physician to release my entire medical record, prescription history, medications prescribed, and any other protected health information concerning me to: Dr. Jacqueline Romero, PA. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

Patient Signature: _____

Date Signed: _____

Witness Signature: _____

We thank you in advance for providing your records in a timely manner and we appreciate your assistance. If you have any questions, please do not hesitate to contact our office.