

Carol W. Stevens D.D.S., M.B.A.
19180 Quesada Blvd.
Port Charlotte, FL 33948
941.743.7474

MEDICAL RECORDS RELEASE

A Medical Records Release Authorization is required for Port Charlotte, FL Periodontist Carol W. Stevens, D.D.S., M.B.A., to retrieve your medical records from another doctor or medical facility. You can print this form, fill it out and mail it to our office, fax it to 941-743-2988, or bring it with you for your scheduled appointment. By submitting this form you are authorizing Periodontist Carol W. Stevens, D.D.S., M.B.A. to retrieve your medical records.

We value your privacy and want you to be informed of how we may use and disclose your protected health information. For specifics about our policies, read our Privacy Practices.

MEDICAL RECORDS RELEASE AUTHORIZATION

Releasing Doctor: _____

Releasing Facility: _____

Address: _____ City: _____ State: ____ Zip: _____

I hereby authorize and request you to release all available information and radiographs in your possession to:

Carol W. Stevens, D.D.S., M.B.A.
19180 Quesada Ave., Port Charlotte, FL 33948
941-743-7474

FROM THE MEDICAL RECORDS OF:

Full Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Date Signed: _____ Authorizing Signature: _____

Witness: _____

(If Relative - State Relationship)

By submitting this form, I am in full agreement with the terms stated above. If you have any questions about this form please contact our office at 941-743-7474.