## Copyright Better Health Medical Center, Inc. RELEASE OF MEDICAL RECORD

ealth Medical Center, Inc. Copyright Better Health Medical Center Better Health Medical Center tter Health Medical

28960 U.S. Hum 1020 I hereby authorize the release of any and all of my medical records as indicated below to: Copyright Better Health Medical Center Clearwater, FL 33761 Copyright Better Health Medical Center, Inc. Copyright Better Health Medical Center Phone: (727) 771-8282 right Better Health Medical Center, Inc.

Copyright Better Health Medical Center, Inc.

Fax: (727) 771-8700 Pyright Better Health Medical Center, Inc. Copyright Better Health Medical Center, Inc. Copyright Better Health Medical Center, right Better Health Medical Center, Inc. Copyright Be Patient's Name (please print) Copyright Better Hea Date of Birth Social Security # Copyright Better Health Medical Center Copyright Better Health Medical Center, Inc. a Center, Inc. Signature of Patient or Legal Guardian Copyright Better H Today's Date Copyright Better Health Medical Center, Inc. Copyright Better Health Medical Cen Copyright Better Health Medical Center, Inc. Copyright Better Health Medical Center, Inc.

Copyright Better Health Medical Center, Inc. \_Immunization records inc. Progress Notes Center, Inc. Newborn Initial and Discharge Exam Discharge summary | Center, Inc. X-Ray Reports Center, Inc. \_Lab reports \_\_Medical Center, Inc. etter Health Medical Center, Inc. Copyright Better Process EKG/Echo
Copyright Better Health Medical Center, Inc. Newborn Screening Center, Inc. Operative Reports edical Center, Inc. Copyright Consult Reports
Cons Emergency Room Records Copyright Other Copyright Better Health Me Copyright Better Palth Medical Center, Inc. STAT Non-Stat Health Medical Center, Inc. Copyright Better Health Medical Center, Inc.

Confidential- For professional use only Better Health Medical Center, Inc. Copyright Better Health Medical

Note: This report is strictly confidential and is for the information only of the person to whom it is addressed. No responsibility can be accepted of it is made available to any other person, INCLUDING THE PATIENT.

Patient has appointment on: