Romeo K. Fernandez, M.D., P.A.
Pediatric Neurology
7000 W Palmetto Park Road, Suite 307, Boca Raton, FL 33433
Telephone:(561) 288-5990 Fax: (954) 391-5008

Medical Records Release Form

Requesting records from:

Dr. Romeo K. Fernandez, Pediatric Neurology
Address: 7000 W Palmetto Park Road, Suite 307, Boca Raton, FL 33433 .
Phone: (561) 288-5990 **Fax**: (954) 391-5008 .

Please send records to:

Physician/Facility: _____
Address: _____
_____
Phone:(____)____-_____ **Fax**:(____)____-_____

Patient Name: _____ **Patient DOB**: _____

DOS (*if applicable*): _____

Please release the following records of the aforementioned patient above:

Entire Medical Record	Office Procedure Report	Genetic Testing/ Laboratory Reports	Procedure Order Form
Clinical Notes	MRI/CT/EEG/EMG/NCS or other diagnostic reports	Demographics	Radiology & other Diagnostic Imaging Reports

Other: _____

Reason for requesting notes:

Transfer/Continuation of Care Primary Care Provider Copy Other: _____

I, _____, the legal Parent/Guardian of (*patient's name*) _____, hereby authorize _**Romeo K. Fernandez, M.D., P.A., Pediatric Neurology office**_ to release the requested protected health information of the aforementioned patient to the following physician/facility: _____ _____.

_____ _____ _____

Signature of Patient/Parent or Guardian of Minor Child Relation to Patient Today's Date

(If the authorization is signed by personal representative of the patient, a description of such representative's authority to act for the patient must be provided.)