On the next page, please fill in only the entries highlighted in yellow, which are:

Signature

Print Patient Name Date of Birth

Please do not fill in the other areas of the form. Dr. Leggett will decide which records, if any, she will need. Dr. Leggett will only request records with your permission.

Note: You do not have to print the form on a color printer; the yellow color is there only to show you on the computer monitor which entries are to be filled in after you print the form.

(THIS PAGE IS INFORMATIONAL ONLY; PLEASE DO NOT RETURN THIS PAGE.)

MEMORY CARE SPECIALISTS

Karen F. Leggett, D.O.

Authorization to Release Medical Records/Information

I authorize release of the following medical information to Leggett Medical Group; Karen F. Leggett, D.O., at the contact information in the footer of this form:

_____ All medical records from _____ (date) to _____ (date)

_____ Immunization records

_____ Most recent history and physical

_____ All lab results in past six months

_____ All radiology reports in past year

_____ Hospital discharge and summary in past 3 years

_____ Mental health records

_____ OR the following specific items: _____

_____

Purpose of the record release: _____

I understand that this will include information relating to (initial if applicable):
_____ Acquired immunodeficiency syndrome (AIDS) or Human immunodeficiency virus (HIV) infection
_____ Mental Health
_____ Treatment for alcohol and/or drug abuse
_____ Sexually Transmitted Disease

_____ Mail records _____ Fax records to **941-349-9301**

This authorization is valid 90 days from the date of the signature. Authorization may be revoked at any time by written request.

_____ _____
Signature (Patient or legal guardian) Date of Request

_____ _____ _____
Print Patient Name Date of Birth SSN

Area below this line is for the sending office's use.

Records released: Records from _____ (date) to _____ (date)

Immunization record	_____	Most recent H&P	_____
Laboratory reports	_____	Radiology reports	_____
Hospital D/C	_____	Mental Health records	_____

Other _____

Date released: _____ By whom: _____

3231 Gulf Gate Dr Suites 203 A&B ~ Sarasota FL 34231 ~ Phone (941) 343-9441 ~ Fax (941) 349-9301