



224 Datura Street, Suite 300-06
West Palm Beach, Fl. 33401
888-899-6888 FAX: 954-919-9370

Release medical record to LAHealth

Patient's Name: _____

Date of Birth: ____/____/____

Address: _____

Telephone # (____) ____ - _____

Release the following medical records from LA Health & Rejuvenation
(Provider's Name)

- 1) Blood Work
- 2) Physical

Release to: _____

Phone # _____ Fax # _____

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AS
PROVIDED ABOVE.

Patient's Signature: _____ Date: _____