HARBOR PHYSICIANS
Primary Care & Internal Medicine

2140 Kingsley Ave, Suite 1, Orange Park, FL 32073
Ph: 904-368-6809 | Fax: 904-368-6809

MEDICAL RECORDS RELEASE FORM

Patient Information

Name: _____
DOB: _____
Phone: _____
Address: _____
_____

Records Release (Office Use Only)
Do NOT complete provider section
Please do NOT complete the "Provider/Facility" section below. This section will be completed by our office to allow this authorization to be used for multiple providers and to ensure accurate processing of your request.
FROM Provider/Facility: _____
_____
Address: _____
Phone: _____Fax: _____

TO: Harbor Physicians, 2140 Kingsley Ave Suite 1, Orange Park, FL 32073 Phone: 904-368-6809 Fax: 904-368-6809

Records to be Released:

☐ All ☐ Dates _____ to _____ ☐ Specific _____

Purpose:

☐ Continuity ☐ Personal ☐ Legal ☐ Health Insurance ☐ Other _____

Authorization expires 12 months from signature unless otherwise noted.

Signature: _____ Date: _____
Representative (if applicable): _____
Relationship: _____