

ORLANDO PRIMARY CARE, PA
DR. VENKATESWARA NANDAM, MD
6388 Silver Star Rd. Suite 1C Orlando, FL 32818
407-298-0912

AUTHORIZATON FOR RELEASE OF MEDICAL RECORDS

DATE: _____

TO: _____
(DOCTOR/HOSPITAL)

PHONE: _____

I herby authorize the release of the following medical information,

Medical History X-ray reports Laboratory reports

Treatment/Tests Prescriptions Entire record

Other (specify): _____

and this information will be sent to:

Orlando Primary Care, PA
Dr. Venkateswara Nandam
6388 Silver Star Rd. Suite 1C Orlando, FL 32818

(Print name of patient)

(Date of birth)

(Signature of patient/guardian)

PLEASE MAIL ALL MEDICAL RECORDS UNLESS WE REQUEST OTHERWISE.