

**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.**