Dr. Robert E. Ford, M.D

308 53rd Avenue East, Suite A
Bradenton, Fl. 34203
Office: 941-752-1916 Fax: 941-752-2936

Records Release Form

Patient:_____

Date of Birth:_____

S.S.#:_____

To:_____

_____

_____

I hereby authorize the release of any and all medical records, x-rays, diagnostic test results, MRI/CAT scan results and any other records or reports pertaining to my medical care to Dr. Robert E. Ford, At the address listed above.

_____ _____

Patient Signature Date