



## Clinical Neurosciences of Tampa Bay

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### PATIENT RELEASE OF MEDICAL RECORDS

Date: \_\_\_\_\_

I authorize(List Doctor or Practice)\_\_\_\_\_ to release my medical records to:

Clinical Neurosciences of Tampa Bay, LLP  
430 Morton Plant Street, Suite 400  
Clearwater, FL 33756  
Fax (727)446-4336  
Phone (727)443-3295

\_\_ Dr. Vollbracht  
\_\_ Dr. Pollock  
\_\_ Dr. Arora  
\_\_ Dr. Cabello  
\_\_ Ashmia Bahl ARNP

Please fax or mail the following to Clinical Neurosciences of Tampa Bay, LLP at the above fax number or physical address **(check all that apply)**:

- Copies of medical records
- Discharge summary from hospitalization
- Xrays, CT, MRI, Etc
- Any Testing

Patient Signature: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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