

FLORIDA EAST COAST MEDICAL GROUP

LUDMILA MISHELEVICH, M.D.
1107 N. PARROTT AVENUE
OKEECHOBEE, FL 34972

TELEPHONE: 863-763-6496
FAX: 863-763-1965
FECMG.COM

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

PATIENT NAME: _____
(Please Print)

DATE OF BIRTH: _____

I hereby authorize Florida East Coast Medical Group, **Ludmila Mishelevich, M.D.**, to provide/obtain copies of my medical records from third-party providers.

PATIENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

DETAILS OF REQUEST

(Office Use Only)

DOCTOR/PRACTICE NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

ATTENTION: _____

RECORDS REQUESTED:

Last Labs Last ___ Note(s) Last Mammogram

Last DEXA Last EKG Last Stress Test

Last X-Ray Last Colonoscopy/EGD Last PAP

Other: _____
