

SPECIALTY SURGICAL ASSOCIATES

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Steven J. Binenbaum, M.D. F.A.C.S.
Minimally Invasive
General and Bariatric Surgery

MEDICAL RECORDS RELEASE FORM

DATE: _____

PATIENT: _____ **DOB:** _____

I, _____
(PRINT NAME OF PATIENT)

AUTHORIZE: _____
(PRINT NAME OF DOCTOR)

(ADDRESS)

_____ (TELEPHONE #) _____ (FAX #)

TO RELEASE ALL MEDICAL RECORDS TO:

SIGNED: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____