

Sunshine Pediatrics of Ocala, P.A.
1900 SW 20th Place, Ocala, Florida 34471
352.840.5437

Authorization for Disclosure of Health Information

Patient Information:

Patient's Name: _____ DOB: _____

Social Security Number: _____

Information to be Released TO/ FROM (please circle one):

Sunshine Pediatrics of Ocala, P.A.
Madhukar Shrinath, M.D., FRCP, FAAP
1900 SW 20th Place, Ocala, Florida 34471
352.840.5437
352.237. 1094 (fax)

Information to be Released TO/ FROM (please circle one):

Name of Facility: _____

Street Address: _____

City/State/Zip: _____

Phone/Fax # (including area code): _____

This Authorization is for FULL DISCLOSURE OF ALL RECORDS, including any other information, which may be related to drug, alcohol, psychiatric conditions, and/or sexually transmitted disease, including HIV/AIDS information.

Signature of Parent/Legal Authority

Date Signed

Witness to Signature

Date Signed