

Dana } Schey M.D., F.A.C.O.G.

Diplomate of the American Board of Obstetrics & Gynecology
9960 Central Park Blvd. • Suite 350 • Boca Raton, FL 33428
Telephone: 561.300.5858 • Fax: 561.300.5777

RECORDS RELEASE AUTHORIZATION

I HEREBY AUTHORIZE AND REQUEST TO RELEASE THE COMPLETE MEDICAL RECORDS IN YOUR POSSESSION, CONCERNING MY ILLNESS AND OR TREATMENT DURING THE PERIOD OF _____ UNTIL _____.

TO:

DANA SCHEY, M.D., F.A.C.O.G.
9960 Central Park Boulevard
Suite 350
Boca Raton, FL 33428
Telephone: (561) 300-5858
Fax: (561) 300-5777

Name _____ Date ____/____/____

Date of Birth: _____ Social Security # _____

Patient Signature

Witness