Vishal Gupta M.D.
Vernu Visvalingam M.D.
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Board Certified in Gastroenterology

Gastroenterology of Greater Orlando

Authorization for Release of Medical Records

PATIENT INFORMATION *(Please Print):*

Patient Name: _____ Date of Birth: _____
Social Security #: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____

THE FOLLOWING IS AUTHORIZED TO RECEIVE THE FOLLOWING:

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip Code: _____

Forward to Health Information Management (Medical Records) for:

___ Operative Report ___ Pathology Report ___ History & Physical
___ Laboratory Report ___ Imaging Report ___ Other: _____

THIS INFORMATION MAY BE RELEASED FROM:

Gastroenterology of Greater Orlando P.A.
2884Wellness Avenue Suite 100
Orange City, Fl 32763
Phone: (386) 668-2221
Fax: (386) 668-2228

I understand the information in my health record may include psychiatric, alcohol or drug abuse/testing information that may be protected by Federal and State Regulations. I also understand that my health record may include information relating to AIDS, HIV, and/or sexually transmitted disease, and all other sensitive information.

BY MY SIGNATURE, I AUTHORIZE THE RELEASE OF MEDICAL RECORDS TO GASTROENTEROLOGY OF GREATER ORLANDO P.A.

Patient Signature:_____ Date:_____

Authorized Representative:_____ Date:_____ (If Applicable)