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To Whom It May Concern:

I am requesting the release of my medical records to include treatment history, and all biopsy/pathology reports be sent to:

Susan Kay, R.N.  
C/O Palms of Pasadena Hospital  
1501 Pasadena Ave. South  
St. Petersburg, Florida 33707

Telephone: 1.800.336.0789  
Fax: 727.341-7058  
Email: Susan.Kay@HCAhealthcare.com

\_\_\_\_\_  
Name at time of visits

\_\_\_\_\_  
Date of Tests/Service

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Thank you for your attention to my request, I am

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

(\_\_\_\_)\_\_\_\_\_  
Home Telephone Number