

___/___/18

To Whom It May Concern:

I am requesting the release of my medical records to include my Operative Report, Pathology Report, History and Physical Report, Discharge Summary, Consultation Reports, lab and X-ray reports to:

Susan Kay, R.N.
C/O Palms of Pasadena Hospital
Continent Ostomy Center
1501 Pasadena Ave South
St. Petersburg, FL 33707

Telephone: 1-800-336-0789
Fax: 1-727-341-7058
E-mail: Susan.Kay@HCAhealthcare.com

Name at time of Surgery

Date of Surgery/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