Southeast Florida Hematology-Oncology Group 5700 North Federal Highway, Suite 5 Fort Lauderdale, FL 33308 954-776-1800

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL MEDICAL INFORMATION

Patient Name:							
	Last		Firs	t			Middle Initial
Address:							
	Address			City		ST	Zip Code
Birth Date:	Telephone:			SS#: _			
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Laboratory Repo	orts: from	(date) to	, _		(date)	_ 、	
Radiology Repo	rts: from	(date) to			_ (date)		
Pathology Repo	rts: from	(date) to			_ (date)		
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