DR. DENNIS D. DEWEY, M.D.
1895 KINGSLEY AVE., SUITE 805
ORANGE PARK, FL. 32073
PHONE: 904-276-2220
FAX: 904-276-2578

To: _____

_____

_____

Phone #: _____ **Fax:** _____

Records Request Authorization

I authorize Dr. Dennis D. Dewey, MD to request my medical records from the above source for the purpose of my medical treatment. I understand that this information may include reference to psychological or psychiatric impairment, drug/alcohol abuse, Acquired Immunodeficiency Virus (AIDS), test/treatment for infection with Human Immunodeficiency Virus (HIV), Tuberculosis (TB), Sexually Transmitted Diseases (STD), or any other potentially infectious diseases; as well as, any other personal health information relating to my care and treatment. In consideration of such disclosure on your part, I hereby release Dennis D. Dewey, M.D. from any and all liability arising there from.

Patient's Name: _____

DOB: _____

Signature: _____

Date: _____