

**MEDICAL RECORDS RELEASE**

TO:

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\_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE MY RECORDS TO:

GULF COAST KIDNEY ASSOCIATES  
1921 WALDEMERE ST, STE 306  
SARASOTA, FL 34239

- \_\_\_ DENNIS IMPERIO, MD
- \_\_\_ JANIS LAWRENCE-JACKSON, DO
- \_\_\_ ANDREW LAZIN, MD
- \_\_\_ LAZO PIPOVSKI, MD

My complete medical history in your possession (unless otherwise specified), including lab work and radiology results concerning my illness and or treatment.

\_\_\_\_\_  
Patient's Name

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

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

PLEASE FAX REQUESTED RECORDS TO (941) 917-8727 OR (941) 706-2020. IF YOU HAVE ANY QUESTIONS OR CONCERNS, YOU CAN REACH OUR STAFF AT (941) 917-8722.