

Greg A. Cisneros, M.D.
33 Old Kings Road North, Suite 2
Palm Coast, FL 32137
Phone: 386-446-4141 Fax: 386-446-4147

Medical Records Release Form

Date: _____

Doctor or Facility: _____

Address: _____

I hereby authorize and request you to release the following records in your possession to Greg A. Cisneros, M.D.

Please **mail** them to: **Greg A. Cisneros, M.D.**
33 Old Kings Road North, Suite 2
Palm Coast, FL 32137
Telephone: 386-446-4141

_____ Include laboratory reports/ EKG reports

Patient Name: _____

Address: _____

Date of Birth: _____

Signature: _____

Please **mail** requested records at your earliest convenience to the above address.
Thank you in advance.