SURGICAL SPECIALISTS
OF SOUTHWEST FLORIDA, P.A.
& SWFL VASCULAR CENTER

Gordon D. Burtch, MD, FACS
General and Vascular Surgery
Ajay Kalra, MD, FACS
Endovascular, Vascular & General Surgery
Jose F. Manibo, MD, FACS
General Surgery
Anthony J. D'Angelo, MD, FACS
Endovascular, Vascular & General Surgery
Thad C. Kammerlocher, MD, FACS
Endovascular, Vascular & General Surgery
Biju K. Thomas, MD, FACS, RPVI
Endovascular, Vascular & General Surgery
John Moss, DO, FACOS, DFACOS
Endovascular, Vascular & General Surgery
Andrew Van Sickler, M.D., RPVI
Endovascular, Vascular & General Surgery

Authorization For Disclosure of Medical Record Information

Patient Name: (First, Middle, Last)					
Address:		City		State	
Zip		Date of Birth:			
Phone #:		Email Address:			

I hereby Authorize Surgical Specialists of Southwest Florida, P.A. to release my medical record information to Release Information to:

Name/Facility/Fax/Secure Email Address/Mailing Address:

_____

_____

Please check all that apply:

☐	I am requesting the following medical records.						
	☐	Visit Summary	☐	Lab Reports	☐	Medications List	☐	Radiology Reports
	☐	History & Physical	☐	Other: List			

Records will be ☐ Mailed ☐ Pick-Up ☐ Emailed* ☐ Faxed

Signed: Patient		Date:	
Signed: Patient Representative		Date:	
ID Provided:			
Request Taken By Phone (Verification)			

6821 Palisades Park Court, Suite 1, Fort Myers, FL 33912 - 239-936-8555 - 239-936-5611 (Fax)
Diplomats of the American Board of Surgery