

WESTSIDE OB/GYN GROUP, L.L.C.

PHONE: (954) 473-2011

FAX: (954) 473-8611

REQUEST FOR RELEASE OF MEDICAL RECORDS

TO: _____
Physician or Hospital Name

Address

City State Zip Code

**I authorize that all of my medical records, including HIV test results,
be released to:**

Mark S. Grenitz, M.D.

Anthony A. Hood, M.D.

Ghea Adeboyejo, M.D.

Adriana Herrera, MS-PA, PAC

WESTSIDE OB/GYNN GROUP, L.L.C.

220 SW 84 Avenue, Suite 105

Plantation, FL 33324

Patient's Name (Print)

Birth Date

Signature

Date