RECORDS RELEASE AUTHORITY

°o: Doctor	
Doctor	Hospital
	hereby request that you release to:
	St Francis Animal Hospital
	8535 20 th Street
	Vero Beach, FL 32966
Telephone	e (772)299-0313 Fax (772)299-0314
copy of any diagnosis, treatment ertinent to your treatment of the fo	e, prognosis and recommendations, as well as other data ollowing patients:
·	3
•	4
Client Signature	Date
RECO	ORDS RELEASE AUTHORITY
o:	
	ORDS RELEASE AUTHORITY Hospital
o: Doctor	
o: Doctor	Hospital hereby request that you release to: St Francis Animal Hospital
o: Doctor	Hospital hereby request that you release to:
o: Doctor	Hospital hereby request that you release to: St Francis Animal Hospital
Doctor	Hospital hereby request that you release to: St Francis Animal Hospital 8535 20 th Street
Doctor Telephone Copy of any diagnosis, treatment	Hospital hereby request that you release to: St Francis Animal Hospital
Doctor Telephone a copy of any diagnosis, treatment ertinent to your treatment of the fe	Hospital hereby request that you release to: St Francis Animal Hospital
Doctor Telephone A copy of any diagnosis, treatment ertinent to your treatment of the fo	Hospital hereby request that you release to: St Francis Animal Hospital
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