

The Neurology Center – Allen M. Lifton, M.D

200 Capri Isles Blvd Suite 7D; Venice, FL 34292 Phone: (941) 485-2220 Fax: (941) 485-2150

RELEASE OF MEDICAL RECORDS

PATIENT: _____

DATE OF BIRTH: _____

ADDRESS: _____

City: _____

State: _____

Zip Code: _____

PHONE: _____

I hereby request that my medical records be released to:

Dr. Allen Lifton, M.D.
200 Capri Isles Blvd Suite 7D
Venice, Florida 34292
Phone: (941) 485-2220 Fax: (941) 485-2150

Patient's Signature: _____

Date: _____

Authorized signature, if patient is unable to sign:

Relation to Patient: _____

Date: _____