

# WATERSIDE MEDICAL SERVICES, INC.

3210 Highway 77  
Panama City, FL 32405  
Phone: 850-769-2220  
Fax: 850-769-2224

13305 Panama City Beach Pkwy.  
Panama City Beach, FL 32407  
Phone: 850-234-2242  
Fax: 850-234-2262

2441 W. Hwy 98 Ste. 103  
Santa Rosa Beach, FL 32459  
Phone: 850-622-0062  
Fax: 850-622-0007

1421 East Nine Mile Rd.  
Pensacola, FL 32514  
Phone: 850-484-7735  
Fax: 850-484-7736

www.WatersideMed.com

## Medical Information Release Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Release of Information

Check here:

I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

	Name:	Relationship:	Phone Number:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

This release of information will remain in effect until terminated by me in writing.

The best way to contact or to leave messages for me:

Check here:

- My Home
- My Work
- My Cell
- Other

If unable to reach me:

Check here:

- You may leave a detailed message
- Please leave a message asking me to return your call
- Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_