

Collier Sports Medicine  
And Orthopaedic Center

Medical Records Release Form

I hereby authorize Dr. English / Dr. Guerra to release the following information from the health record(s) of:

Patient's Name: \_\_\_\_\_  
Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_

This authorization includes the complete health records including HIV testing and related information, confidential records, and or drug Diagnosis, treatment of referral. These records may be released via facsimile transmission.

Signature: \_\_\_\_\_  
Patient or Representative  
\_\_\_\_\_  
Relationship to patient

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

Please mail or Fax records to:  
Collier Sports Medicine and Orthopaedic Center  
11181 Health Park Blvd, Suite 2220  
Naples, FL 34110  
Fax # (941) 591-8652  
Phone # (941) 591-1111