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Specializing in Rheumatology and Infusions

RELEASE OF RECORDS

I AUTHORIZE AND CONSENT FOR MY RECORDS TO BE SENT TO THE OFFICE OF **INFUSION SOLUTIONS OF DELAWARE, LLC** TO OBTAIN THE FOLLOWING RECORDS:

- ▶ **LAST OFFICE NOTES (PAST ONE OR TWO VISITS)**
- ▶ **MOST RECENT XRAYs**
- ▶ **MOST RECENT LABS**
- OTHER** _____
- _____

PLEASE SEND THE ABOVE RECORDS TO *INFUSION SOLUTIONS OF DELAWARE, LLC* VIA FAX TRANSMISSION (FAX: 302-674-4628) OR BY MAIL TO 1100 Forrest Ave. DOVER, DE 19904

PRINT NAME

DATE OF BIRTH

SIGNATURE: PATIENT OR LEGAL GARDIAN

DATE