



Be Mobile Neurology

813-981-4403  
Fax 813-852-6830  
3903 Northdale Blvd Suite 100E  
Tampa, FL 33624

Patient Release of Medical Records

Date \_\_\_\_\_ Patient DOB \_\_\_\_\_

Patient Name \_\_\_\_\_

I authorize \_\_\_\_\_  
Physician Name

To release my medical records to:  
Be Mobile Neurology, LLC  
Deborah Boland, DO

Fax 813-852-6830  
Email drboland@bemobileneurology.com

3903 Northdale Blvd Suite 100E  
Tampa, FL 33626

Phone 813-981-4403

Please fax, email or mail the following to Be Mobile Neurology:

- \_\_\_\_\_ Copies of my medical records
- \_\_\_\_\_ Discharge summary from hospitalization(s)
- \_\_\_\_\_ Procedure and/or Surgical report(s)
- \_\_\_\_\_ Imaging Studies (x-ray, CT, MRI, PET Scans, DAT Scans, etc: including radiology report and pictures on CD via mail or electronic via email)
- \_\_\_\_\_ Lab Results

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

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

Witness Signature: \_\_\_\_\_

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