SHOALS
Family Medicine

Megan Bullard, M.D.
Jonathan Parker, D.O.

Subject: Release of Patient Information Consent Form

Release Information to: Shoals Family Medicine, Dr. Megan Bullard and Dr. Jonathan Parker.

Address: 203 W. Avalon Avenue, Suite 350, Muscle Shoals, AL 35661

Phone: 256-386-1308 Fax: 256-386-1438

I hereby authorize the below named to furnish Shoals Family Medicine with all medical data and information they may request

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon and if not earlier revoked it shall terminate ninety (90) days from the date of consent without express revocation.

I further understand that I have a right to receive a copy of this authorization form upon request.

IDENTIFYING INFORMATION

Patient's Name : _____

Date of Birth: _____ SSN#_____

PHYSICIAN OR FACILITY OBTAINING RECORDS FROM: (include phone number)

_____ PHONE: _____

Signature

Patient/Parent/Legal Guardian: _____

Address: _____ Date:_____