Central Florida Hand Specialists

Jerry A Rubin M.D., F.A.C.S.
6900 Turkey Lake Road Suite 1-7
Orlando, Florida 32819
Phone 321.939.3300
Fax 321.939.3303

Authorization for Release of Medical Records

Please complete the following information:

Patient Name: _____

Address: _____

City_____State_____ Zip Code: _____

Phone: _____

SSN: _____Date of Birth: _____/_____/_____

(Check all applicable):

- ☐ Progress Notes
- ☐ MRI Report
- ☐ X-Ray Report
- ☐ CT Report
- ☐ Laboratory/pathology records
- ☐ Complete Medical File
- ☐ EMG/NCS

I authorize the custodian of records of:

Dr/Facility: _____

Address: _____

City: _____State: _____ Zip Code: _____

Phone: _____

Patient Signature: _____ Date: _____

Witness: _____Date: _____