PALM BEACH BRAIN & SPINE, LLC.

MICRONEUROSURGERY OF THE BRAIN & SPINE
MINIMALLY INVASIVE SPINAL SURGERY
STEREOTACTIC RADIATION THERAPY
NEUROSURGICAL ONCOLOGY
SKULL BASE SURGERY

MEDICAL RECORDS RELEASE

Patient's Name: _____

Date of Birth: _____

Social Security #: _____

Please release all of my medical records to Dr. Amos O. Dare of Palm Beach Brain & Spine. Either fax or mail the records to the following:

1397 Medical Park Blvd.
Suite 400
Wellington, FL 33414
TEL: (561) 844-0120
FAX: (561) 844-0570

Thank you for your cooperation.

_____ _____
Patient's Name (Printed) **Date**

X_____ _____
Patient Signature **Witness**