**TRANSFER OF MEDICAL RECORDS**

**Records to be received from:**

Mandarin Wellness Center Shirley Hartman, M.D.

9283 San Jose Blvd. Bldg. 2, Suite 1 (904) 268-5826

Jacksonville, Fl. 32257 (904) 268-5873 Fax

**Please send requested medical records to:**

Physician/Facility:

Office Number: Fax:

Release the following medical Records: Date(s)
 Discharge Summary
 History & Physical
 Operative/Procedure Report(s)
 Laboratory Reports

 Imaging Reports
 Medication Record
 Lyme Specific Records
 Other, please specify document(s)
 *\*Please do not send entire medical record*

|  |
| --- |
| As part of the medical record, the following information will be released unless stricken: |
| * Psychiatric Information
 | * Drug & Alcohol Abuse Information
 |
| * AIDS or HIV Information
 | * Child Abuse/Neglect Information
 |
| * Sexual Orientation Information
 | * Sexual Abuse Information
 |

I have carefully read this consent, understand its contents, and authorize the release of the above-specified information. This information is for the person/facility to which it is addressed only.

Patient Name: DOB:

Signature: Date:

 11/1/21