

David I. Lubetkin, MD, FACOG • Nicole Tenzel, MD
Courtney McMillian, CNM, MSN, APRN • Nicole Darby Ramirez, CNM, APRN
Obstetrics • Gynecology • Infertility

Medical Record Release

Date: _____

Please release a copy of my medical records from:

Doctor or Facility: Dr. David I. Lubetkin, MD, FACOG Dr. Nicole Tenzel, MD
Courtney McMillian, CNM, MSN, APRN Nicole Darby Ramirez, CNM, APRN
Address: 1001 NW 13th Street, Suite 101A
City, State, Zip: Boca Raton, FL 33486
Phone Number: 561-300-0600
Fax Number: 561-300-0601

I authorize you to provide a copy of my medical records to:

Doctor or Facility: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____

Please release the following records (check one):

All Records Available (including Sexually Transmitted Disease test results, psychiatric evaluations, and drug/alcohol abuse records)

All Records between the following dates: _____ and _____

The following specific records: _____

Print Name: _____ DOB: _____

Signature: _____

1001 NW 13th St, Suite 101A • Boca Raton, FL 33486

Phone: (561) 300-0600 • Fax: (561) 300-0601