

DAVID I. LUBETKIN, MD, FACOG
DANIEL LORIDO, MD, MPH
RYAN GAVAGNI FIORENTINO, CNM, MSN, APRN
Obstetrics • Gynecology • Infertility

Medical Record Release

Date: _____

I authorize Dr. David Lubetkin, MD, FACOG / Dr. Daniel Lorida, MD, MPH / BOCA MIDWIFERY,
1001 NW 13th st, Suite 101A, Boca Raton, FL 33486 release my medical records to:

Doctor or Facility: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Patient Initial

I authorize the release of 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: _____

Patient Initial

I authorize my records to be released via: (check one)

☐ FAX ☐ MAIL ☐ PATIENT P/U AND HAND DELIVER

Patient Initial

I understand that signing this is voluntary and that my treatment with Dr. David Lubetkin, MD,
FACOG ; Dr. Daniel Lorida, MD, MPH; BOCA MIDWIFERY will effectively end. All future
appointments, procedures, etc. will immediately be cancelled. I will receive a copy of this
authorization after I have signed it and once signed, my records will be released within 10
business days.

Print Name: _____

DOB: _____

Signature: _____

Date: _____

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