



**ACE OBGYN LLC  
STEFAN NOVAC MD**

Board Certified Obstetrician Gynecologist  
601 N Flamingo Rd Suite 406, Pembroke Pines, FL 33028  
Tel: 754-201-3700 • Fax: 754-201-3711

**ACE OBGYN LLC's HEALTH MEDICAL RELEASE FORM**

I \_\_\_\_\_ hereby authorize and request ACE OBGYN LLC to release copies of my medical records including HIV test results to (check off) \_\_\_\_\_ my self \_\_\_\_\_ doctor office

Dr. \_\_\_\_\_, Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Reason For Request**

\_\_\_\_ Leaving/ Moving back to my country, \_\_\_\_\_  
\_\_\_\_ Moving/relocating out of the City/State, \_\_\_\_\_  
\_\_\_\_ Transferring my care to another doctor \_\_\_\_\_  
\_\_\_\_ Out of network/Insurance/Plan \_\_\_\_\_  
\_\_\_\_ For a second opinion, \_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_

**Forward/ Send My Records To**

\_\_\_\_ Via Fax from ACE OBGYN to Dr. Office, Fax # \_\_\_\_\_  
\_\_\_\_ Will pick up medical records (**note below for pick up/mailed details**) \_\_\_\_\_  
\_\_\_\_ Via mail to the address \_\_\_\_\_

I understand that copies of my medical records will be ready for pick up or mailed within the next 7 to 10 business days and there's a charge for pick up/mailed medical records of \$1.00 per page for the first 25 pages, and \$0.25 for every page thereafter.  
Payment must be made prior to submission. Total Due \$ \_\_\_\_\_

I have read, understood and agree to the proceeding terms of this policy

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Records Released by: \_\_\_\_\_ Date: \_\_\_\_\_