



**ACE OBGYN LLC
STEFAN NOVAC MD**

Board Certified Obstetrician Gynecologist
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Tel: 754-201-3700 • Fax: 754-201-3711

RELEASE OF MEDICAL RECORDS

From: _____

Fax: _____

Phone: _____

I _____ hereby authorize and request copies of my medical records including HIV test results to be released to ACE OBGYN LLC / Dr Stefan Novac Fax 754-201-3711

These records are to include and related complex information.

Only:

- Labs and HIV testing
- Pap Smear Results
- Radiology Imagine Results
- Bone Density Results
- procedures

PATIENT'S SIGNATURE: _____ DATE: _____

PATIENT NAME _____ D.O.B _____
(PRINTED)