



18600 Collins Avenue
Sunny Isles Beach, Florida 33160
Office (305) 931-8484 Fax (305) 936-1849
www.daytonmedical.com

I, _____, hereby authorize Dayton-Dandes Medical Center to provide any medical records to me, via email, fax, or in person at my request.

I, _____, authorize my medical records to be sent to _____ on my behalf.

Signature:

Date:
