

ANASTASIA FAMILY CARE

103 Anastasia Blvd.

St. Augustine, Florida 32080

PH: 904.825.4747 * FX: 904.825.2885

I, _____, give Island Doctors Providers
(Name)
and Staff permission to speak with,

_____ my _____
(Name) (Relation)

in regards to any and all of my medical condition and any information in my medical
chart, until otherwise indicated in writing.

Thank you.

Signature

Witness

Date