

ISLAND DOCTORS
100 Arricola Ave.
St. Augustine, Florida 32080
PH: 904.825.4368 * FX: 904.825.9107

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