

ISLAND DOCTORS
264 A Palm Coast Pkwy NE
Palm Coast, Florida 32137
PH: 386.446.5505 * FX: 386.446.5077

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