

ISLAND DOCTORS

199 S. US Hwy 17

E. Palatka, FL 32131

Ph: 386-312-0250 * Fax: 386-312-9887

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