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St. Augustine, FL 32086
Phone: 904-794-2464
Fax: 904-824-5551

215 Highway 17 South
East Palatka, FL 32131
Phone: 386-227-5121

385 Palm Coast Parkway SW, Unit 1
Palm Coast, FL 32137
Phone: 386-445-4700
Fax: 386-446-4407

GOAR DE LAMERENS, M.D.

Request for Records

Patient Name: _____

Date of Birth: _____

SSN: _____

Request information from:

Dr's Name: _____

Address: _____

Phone: _____

Fax: _____

Please release all medical records you have obtained for the past year to:

***Associates in Internal Medicine, PA
Dr. Goar de Lamerens, M.D.***

To the above circled address

Signature of Patient or Guardian _____ **Date** _____

I certify that this information is made freely, voluntarily, and without coercion. I understand that the information to be released may include information regarding drug abuse, alcohol abuse, HIV infection, AIDS or AIDS related conditions, physiological, psychiatric or physical impairments. I understand that the information to be released is protected under State and Federal laws and cannot be disclosed without my further written consent unless otherwise provided for by State and Federal law. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it.