

Susan J. Steen, M.D.
Mark C. Cascione, M.D.
Sunil S. Reddy, M.D.
Linga V. Reddy, M.D.

Tampa Neurology Associates (FirstChoice Neurology)

CONFIDENTIAL RECORDS RELEASE FOR RECORDS

In order to offer you the best quality of patient care, we need to obtain prior medical records relevant to you visit, CD images, and radiology report of all prior MRI scans that have been performed at other centers. By doing this, your physician, neuroradiologist or radiologist will be able to have a more complete picture of your needs and avoid duplicating tests or exams that you might have already done. This will also enable all records and images to be stored in one location with your other medical records.

Name of facility where prior MRIs or medical services were performed:

_____ Phone number _____

_____ Phone number _____

_____ Phone number _____

I hereby authorize and request the release of medical records, MRI images on CD and the Radiology report of those studies to FirstChoice Neurology

Patient Name: _____ DOB: _____

Patient or Parent's Signature _____ Date _____

Dear healthcare provider, please forward the records to:

**Tampa Neurology Associates
2919 W Swann Ave, Ste. 401
Tampa, FL 33609
Phone: 813-872-1548
Fax: 813-872-7509**