

**Boca Integrative Health, PA**  
**A Group of Independent Professional Associations**

7100 W. Camino Real, Ste. 207  
Boca Raton, Fl 33433  
Phone: (561) 391- 2770 Fax: (561) 391-2930

**Medical Records Release**

I \_\_\_\_\_ authorize the office of  
(Print your name)

\_\_\_\_\_ to release all medical  
(Name of facility)

records to Boca Integrative Health, PA.

Please release all of the following: **History & Physical Exams**  
**Laboratory Results**  
**EKG's**  
**X- rays, MRI, CT, Mammograms, DEXA scan, etc.**  
**Immunizations' records**  
**Medication Log & Master Problem List**  
**Doctor and Hospital Consults**

**This release specifically authorizes the release of any and all psychiatry, psychopharmacology, psychotherapy notes, test results, and any other records pertaining to psychiatric care.**

Thank you very much for all of your cooperation.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_