



## Suncoast Rheumatology

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### **MEDICAL INFORMATION RELEASE**

Please list family members or persons and phone numbers, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and healthcare):

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Please list the family members or significant others and phone numbers, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY**

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Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_