

**Release
of
Medical
Information**

Belkys Bravo, M.D., F.A.A.P.
1920 Coral Way • Miami, FL 33145
Tel: (305) 250-9910 • Fax: (305) 250-4336
www.belkysbravomd.com



I, _____ PARENT OR LEGAL GUARDIAN
OF _____ DO HEREBY REQUEST
BELKYS BRAVO M.D. TO RELEASE MEDICAL RECORDS TO:

REASON FOR RELEASE OF INFORMATION: _____

Print Patient Name

Patient Date of Birth

Signature of Patient, Parent or Guardian

Date