

INTERNAL MEDICINE/RICHARD A. GOBAO, M.D., LLC

393 VANADIUM ROAD SUITE 307

PITTSBURGH, PA 15243

412.279.5372 PHONE

412.279.5378 FAX

MEDICAL RECORDS RELEASE

PATIENT NAME: _____

(PLEASE PRINT)

ADDRESS: _____

BIRTHDATE: _____

SOCIAL SECURITY#: _____

Dear _____

**I HEREBY AUTHORIZE YOU TO RELEASE ALL OF MY
MEDICAL RECORDS TO:**

**INTERNAL MEDICINE/RICHARD A. GOBAO, MD, LLC
393 VANADIUM ROAD, SUITE 307
DAVIS PROFESSIONAL BUILDING
PITTSBURGH, PA 15243**

Information to be released should include: continued history/progress notes, x-ray reports, laboratory reports, and electrocardiogram reports. Please include all records pertaining to Alcohol, Drug, Psychiatric history and HIV along with any other pertinent information important for the continuity of my patient care.

Our office is a participating provider with most insurance companies.

Thank you for your co-operation in this matter.

SIGNATURE

DATE

WITNESS

DATE