

Middletown FamilyCare Associates, L.L.C.
Ketlay Professional Plaza

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AUTHORIZATION TO FAX MEDICAL RECORDS

I authorized the staff of Middletown FamilyCare Assoc. to fax any and all information pertinent to my healthcare to any emergency center or to any medical institution or to another doctor who might be called upon to participate in my medical care.

I realized that there is a small possibility that, mistakenly, the fax information could be sent to an incorrect number.

Patient (Guardian) Signature _____ Date _____

Witness _____ Date _____