South Florida Rheumatology
Broward's First Rheumatology Practice

Charles B. Kahn, M.D., F.A.C.P., F.A.C.R.
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Linnette Lopez, M.D., F.A.C.R.
Lynette Nicholson, M.M.S., PA-C

# Records Release

Date: ___/___/_____

To: _____

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By signature below I hereby authorize the release of my records to:

_____ Charles B. Kahn, M.D., F.A.C.P., F.A.C.R
_____ Wayne G. Riskin, M.D., F.A.C.P., F.A.C.R
_____ Dr. Yesenia Santiago-Casas, M.D., F.A.C.P., F.A.C.R
_____ Dr. Linnette Lopez, M.D., F.A.C.R

Please include any information regarding the diagnosis and treatment rendered to me during the period from: _____to: _____

_____ _____
Signature Print Name

Date of Birth: ___/___/_____ Witness_____