

**KAHN, RISKIN & SANTIAGO, M.D.'s, P.A.**

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.

Yesenia Santiago-Casas, M.D., F.A.C.R.

Lynette Nicholson, M.M.S., PA-C

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## Records Release

Date: \_\_\_/\_\_\_/\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Witness \_\_\_\_\_

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1 SW 129 AVE. SUITE 401 PEMBROKE PINES, FL 33027 T: (954) 450-8980 F: (954) 441-9033

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