Hobdari Family Health
Lindita R. Hobdari M.D.

1855 Veterans Park Drive, Suite 201
Naples, Florida, 34109
Phone: 239-260-1033 | Fax: 239-260-1491
www.HobdariHealth.com

PATIENT INFORMATION:

Name: (Last, First, MI) _____

Address: _____

Phone: _____ Date of Birth: _____ SS#: _____

AUTHORIZATION:

I hereby authorize (Physician, Clinic, Hospital or other Health Care Provider) to release medical records:

From (Name of Party Releasing Records):

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Date of Services: _____ to _____

To (Name of Requesting Party):

Name: **HOBDARI FAMILY HEALTH**

Address: **1855 Veterans Park Drive, Suite 201 - Naples, Florida, 34109**

Fax #: **(239) 260-1491** Phone #: **(239) 260-1033** Email: **info@hobdarihealth.com**

PURPOSE OF RELEASE OF MEDICAL RECORDS:

☐ Change in family doctor
☐ Specialty appointment
☐ Insurance claim processing
☐ Other (specify):
☐ Legal claim processing _____

Sensitive Records may require specific patient authorization. Please check the applicable box below to request the following records:

☐ **Mental Health Treatment** ☐ **Sexually Transmitted Diseases** ☐ **AIDS/HIV Treatment** ☐ **Alcohol/Drug Abuse Treatment**

The Undersigned Hereby Releases HOBDARI FAMILY HEALTH from Any and All Legal Responsibility or Liability that could occur from this Action.

Patient Signature: _____ **Date:** _____