RELEASE OF RECORDS FORM

To Doctor(s): _____

Address :_____
street city zip

Please mail or fax my medical records to :

John A. Pfeiffer, M.D.
Family Practice – Celebration
660 Celebration Ave., Suite 180
Celebration, Fl 34747-4926
phone : 407-566-1600
fax : 407-566-1604

Print Name : _____Date of Birth_____

Address : _____
street city zip

Signature_____Date_____