

Sarasota Neurology, P.A.  
Daniel Kassicieh, D.O.  
3501 Cattlemen Road, Ste. B  
Sarasota, FL 34232

941-955-5858 (O), 941-955-0044 (F)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**To:**

I hereby authorize the release of all medical information and my medical records to Daniel Kassicieh, D.O.

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_

This release is in effect indefinitely from this date of signature, unless revoked by myself in writing.

\_\_\_\_\_  
Signature (Parent name if minor)

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

Note: Please add any names (maiden, married, etc.) you may have used during treatment: \_\_\_\_\_