



Internal Medicine & Pediatrics Wellness Center

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Phone: 352-563 5070 Fax: 352-795-4322 • www.impwellnesscenter.com

Please list all physicians that you have seen in the past 2 years

Physician/Office Name	Specialty	Phone Number

List recent hospital stay:

Hospital Name	Date of Admission	Phone Number

Please list all laboratory and xray facilities you have received test in:

Facility Name	Date of Test	Phone Number

Please include the following information:

Provider's notes indicating: diagnosis, medications, treatment, prognosis and recent care.

- Hospital Admission Note
 Discharge Summary Information
 X-Ray Reports
 Lab reports
 Immunization Records
 Op Reports
 Stress Tests
 Echo
 PFT
 Colonoscopy
 EKG

I hereby authorize and release the custodian of my/my dependant's medical records to make available to Internal Medicine & Pediatrics Wellness Center as they are related to the course of my treatment. I understand that this authorization constitutes a waiver of any claims that I may have against the physicians listed below (or any of their agents or employees) as a result of their compliance with this request and that neither the physician nor their agents or employees shall have any responsibility for any acts or omissions concerning said records or their release after the records are made available as I have hereby authorized and requested.

Signature of Patient/Legal Guardian Relationship to Patient Date

Print Patient's Name Print Legal Guardian's Name

Please mail records to: **IM&P Wellness Center • 6038 W Nordling Loop • Crystal River, FL 34429**