GOODLIFE MEDICAL CENTER, PLLC

Olugbenga A. Adebanjo, MD
Lola T. Adebanjo, FNP-BC

EAST OFFICE
1719 Kirby Parkway
Memphis, TN 38120
Phone: (901) 685-1994
Fax: (901) 685-1997

SOUTH OFFICE
1264 Wesley Drive Suite 301
Memphis, TN 38119
Phone (901) 345-1022
Fax (901) 345-1033

MEDICAL RECORDS RELEASE FORM

By signing this form, I authorize _____
Address_____City_____State_____Zip_____to release confidential information about me, by releasing a copy of my medical records, or summary or narrative of my protected health information, to the person(s) or entity listed above.

HIV/AIDS: I consent to the release of my positive or negative test results for AIDS or HIV infection, antibodies to AIDS or infection with any causative agent of AIDS with the rest of medical records.

Initial_____Date:____/____/____

Limitations on the information you may release subject to this release form are as follows:

_____
_____
_____

_____**Date of Birth:___/___/___**
Print Name of Patient

_____
Signature of Patient or Responsible Party

-FOR OFFICE USE ONLY-

The reason for the release of information is as follows:

_____
_____
_____

The following items are pertinent for treatment:

_____
_____
_____