

# GABRAIL CANCER CENTER

4875 Higbee Ave NW - Canton, Ohio 44718  
Phone (330) 492-3345  
Fax (330) 492-0462

340 Oxford Suite 110 - Dover, Ohio 44622  
Phone (330) 365-2135  
Fax (330) 364-9195

## MEDICAL RECORDS RELEASE AUTHORIZATION

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS FROM/TO:

DR. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
SOC SEC #

\_\_\_\_\_  
DATE OF BIRTH