

Tolga Icli M.D.
1450 South Canfield Niles Road
Austintown, Ohio 44515
Phone: 330-799-8752
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RELEASE ANY AND ALL MEDICAL RECORDS FOR:

NAME

ADDRESS

CITY, STATE, ZIP

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

I HEREBY REQUEST THAT ALL MEDICAL RECORDS BE RELEASED FROM: _____

TELEPHONE: _____ FAX: _____

PLEASE SEND RECORDS TO:

Tolga Icli M.D.
1450 South Canfield Niles Road
Austintown, Ohio 44515
Phone: 330-799-8752
Fax: 330-799-8754

AUTHORIZED SIGNATURE

DATE

WITNESS

DATE