



INTERNET MEDICAL GROUP, P.C.

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RELEASE OF INFORMATION

I, _____ GIVE INTERNET MEDICAL
(PATIENT'S NAME & D.O.B)

GROUP, PERMISSION TO DISCUSS MY MEDICAL CONDITION, TEST RESULTS, OR
APPOINTMENT INFORMATION TO:

| Name | Relationship | Telephone Number |
|------|--------------|------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

THIS IS AN INDEFINITE CONSENT FORM UNLESS OTHERWISE SPECIFIED.

SIGNATURE OF PATIENT: _____ DATE: _____