Office of Elizabeth Pfrommer, MSN APRN-C 213 NW St James Dr, suite 102 Port Saint Lucie, FL 34983

Office: (305) 335-5677

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Date:		
Patient Name:		
DOB:		
I hereby authorize:		
To release medical records to E	Elizabeth Pfrommer, MSN APRN-C	
Please send the most current F	Pap, Mammogram and lab reports.	
Thank you		
	Date:	
Patient Signature:		
Witness:	Date:	
To release medical records to E Please send the most current F Thank you Patient Signature:	Elizabeth Pfrommer, MSN APRN-C Pap, Mammogram and lab reports. Date:	

Revision Date: 09-27-21