

THE PROFETA LAW FIRM, P.A.

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RESCUE REQUEST

Date of Incident : _____

Location of Incident : _____

Name of Patient : _____

Patient's Address : _____

Patient's Phone # : _____

Date of Birth : _____

Social Security # : _____

TO: FIRE RESCUE AND INSPECTION RECORDS STATION, YOU ARE HEREBY AUTHORIZED TO DISCLOSE AND/OR PROVIDE COPIES UPON REQUEST, THE COMPLETE RECORDS ON EMERGENCY CALLS THAT CONTAIN PATIENT EXAMINATION OR TREATMENT INFORMATION ON THE ABOVE-NAMED PATIENT TO MY ATTORNEY'S OFFICE.

PATIENT, OR IF MINOR, SIGNATURE
OF PARENT OR LEGAL GUARDIAN

DATE: _____

Sworn to and subscribed before me on this _____ day of _____, 2018.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires: