

County of Monroe

Emergency Services Division

BILLING OFFICE

Monroe County Fire Rescue
490 63rd Street, Ocean
Marathon, FL 33050
(305) 289-6010 – Phone
(305) 289-6013 – Fax



BOARD OF COUNTY COMMISSIONERS

Mayor Michelle Coldiron, District 2
Mayor Pro Tem David Rice, District 4
Craig Cates, District 1
Eddie Martinez, District 3
Mike Forster, District 5

MEDICAL RECORDS REQUEST & RELEASE AFFIDAVIT

PATIENT NAME: _____
ADDRESS: _____
DATE OF SERVICE: _____

This is to verify that I, _____, am requesting medical records from
(PRINT NAME)
Monroe County Fire Rescue on _____. These records include Monroe County EMS
(DATE OF REQUEST)
Run Reports for an incident occurring on _____.
(DATE OF INCIDENT)

These records will be released by Monroe County Fire Rescue once Proof of Identification in the form of a Driver License or other ID has been presented in one of the following ways:

1. Presented Identification in person to Monroe County Fire Rescue at 490 63rd Street Ocean, Marathon, Florida 33050. **Call 305-289-6010** for more information. **Fax 305-289-6013**

OR

2. Presented Identification to a Notary. (Notary must fill out this section)

State of _____
County of _____

Personally appeared before me, the undersigned authority, _____ who after first being sworn by me, affixed his or her signature (name of patient) and provided Identification in the space provided on this _____ day of _____, 20 ____.

Identification Type and Number _____
(Copy of Identification must be attached)

Notary Public Signature

Commission Expires

Approved by:

Patient Signature

Date

MCFR Staff Signature

Date