

**Monroe County Fire Rescue**

**BILLING OFFICE**

7280 Overseas Hwy. # 277

Marathon, FL 33050

(305) 289-6010 – Phone

(305) 289-6013 – Fax



**MEDICAL RECORDS REQUEST & RELEASE AFFIDAVIT**

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**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 7280 Overseas Hwy #277, 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