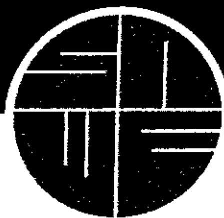

Surgical Associates *of West Florida*

General, Vascular, Thoracic, Oncologic and Endocrine Surgery
Laparoscopy and Gastrointestinal Endoscopy
Colorectal Surgery

David G. Berry, M.D. | Robert S. Davidson, M.D. | Robert T. Roth, M.D. | Rick J. Schmidt, M.D. | Theodore R. Small, M.D. | Mark A. Zuzga, D.O.

Communication Release Form

Patient Name (Printed) ____

In regards to my protected health information, I authorize SAWF to:
Check all that apply:

☐ Call me at work. Phone #_________________________

☐ Call me at home and leave message on voice mail. Phone # _________________________

☐ Call my cell phone and leave voice mail. Phone # _________________________

☐ Send message to my e-mail. E-mail address ____________________

☐ Speak to the following family member(s) or friend(s):

Name ___________________________ Phone # __________________________

Name ___________________________ Phone # __________________________

Name___________________________ Phone # __________________________

The above information can be changed at any time in writing by sending a letter to:

Surgical Associates of West Florida
1840 Mease Drive, Suite 301
Safety Harbor, FL 34695

Patient Signature _________________________________ Date_________________________

430 Morton Plant Street, Suite 301
Clearwater, FL 33756
(727) 712-3233
Fax: (727) 712-1853

1840 Mease Drive, Suite 301
Safety Harbor, FL 34695
(727) 712-3233
Fax: (727) 712-1853

646 Virginia Street, Suite 201
Dunedin, FL 34698
(727) 712-3233
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2102 Trinity Oaks Boulevard, Suite 204
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