

Phillip W. DeVoe M.D. P.A.
1515 Airport Blvd
Melbourne, FL 32901-2946
321-951-2709

Dear Patients and friends:

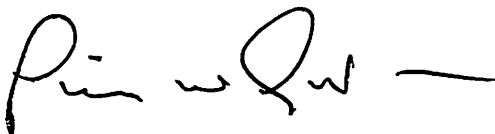
After 32 years in practice, in Brevard County, I am writing to inform you that I will be retiring from the active practice of medicine on April 30, 2019.

It is very important that you make arrangements as soon as possible to select a new Physician to make sure that you receive uninterrupted care. I recommend Jeanette Warner M.D. She is a board certified allergist. You may also choose to contact your medical plan or the Brevard County Medical Society, (321) 327-7968, to obtain a list of board certified allergists. If you are receiving allergy shots you may pick up your allergy serum, after calling in advance, anytime through 04/26/2019. You are responsible for transporting the serum to your new physician.

Once you have selected a new physician, our office can provide a copy of your medical record to you or your new physician following your written authorization. We are attaching an authorization form for you to complete and return to us. If we receive the form prior to April 26, 2019 we will send the record to your new physician as requested.

It has been my greatest pleasure to serve as your physician. I will remember each one of you and wish you all health and happiness.

Sincerely,

A handwritten signature in black ink, appearing to read "Phillip W. DeVoe", followed by a horizontal line.

Phillip W. DeVoe M.D.

DEVOE ALLERGY & ASTHMA CLINIC
Phillip W. DeVoe, M.D., PA

RECORD RELEASE AUTHORIZATION

I authorize you to release my medical records to:

Name: _____

Address: _____

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Signature: _____ Witness: _____

(If minor, state relationship: _____)

****OFFICE USE ONLY****

Comments: _____

Records copied: _____ Fee: _____

Records Reviewed: Dr. DeVoe _____

Patient to pick up: _____ Mailed: _____ Faxed: _____

I hereby accept responsibility for transmitting medical records.

Signature

Date