



PATIENT Name (please print):		Middle or Other Name (please print)	Patient Date of Birth: / /
Patient Street Address (please print):			Patient Apt/Unit/ Suite (please print):
Patient City (please print):		Patient State (please print):	Patient Zip (please print):
Patient Telephone: ( )	Patient Fax Number (if applicable)	Patient Email address (please print):	

RECIPIENT Name (please print): Please check same as above and skip to next section :

Recipient Street Address (please print): \_\_\_\_\_ Recipient Apt/Unit/ Suite (please print): \_\_\_\_\_



INFORMATION TO BE RELEASED. Please specify which medical records should be released:  
Dates of Service from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (records will not be released unless Date of Service is within this range)

Medical Records to be Released: