

FAMILY MEDICAL, PC
1407 BADDOUR PARKWAY
LEBANON, TN 37087
615-444-6203
FAX 615-444-6252

MEDICAL RECORDS RELEASE FORM

I. _____, AUTHORIZE _____ TO

RELEASE MY MEDICAL RECORDS TO : _____

AT THE REQUEST OF THE PATIENT PLEASE SEND:

_____ ENTIRE MEDICAL RECORD
_____ ALL RECORDS BETWEEN _____ AND _____
_____ LATEST LABS AND OFFICE NOTES
_____ OTHER: _____

PATIENT'S NAME: _____

PATIENT'S D.O.B. : _____

PATIENT OR GUARDIAN SIGNATURE: _____

WITNESSED BY: _____ DATE: _____

Privileged and Confidential. The PHI (Personal Health Information) contained in this Fax/Email is highly confidential. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of Federal Law (HIPPA) and will be reported as such.