

# Medical Records Release

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Today's Date : \_\_\_\_\_

Patient Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PLEASE RELEASE MEDICAL RECORDS FOR THE ABOVE  
NAMED PATIENT TO:

**Please give name and address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SERVICE DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
**(Authorized parent/legal guardian )**      **DATE :** \_\_\_\_\_

\_\_\_\_\_  
**(Printed name)**