

Medical Records Release

From: _____

To: _____

I request a copy or summary of the following medical records:

- Complete Medical Record
- Biopsy Report(s)
- Lab Report(s)
- Consultation Reports
- Medication Allergies
- Allergy Test/Treatment
- Surgical Procedures
- Other _____

for dates of service from _____ to _____

Additional Comments:

Patient Signature

Date

Witness

Date