

Medical Release

With the proper authorization, we will provide at no charge, copies of your medical records to other physicians that are participating in your care. These records must be released directly to the physician requesting the information. If you would like to obtain a copy of your medical records for private use, a copying charge will apply. Please note that all releases required a signed authorization form on file.

We sincerely thank you for allowing us to participate in your healthcare needs.
I have read the above and agree to abide by these policies.

Signature of Patient/Guardian

Date