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Request for Record Release

I hereby request that my medical records be forwarded to:

Please include the following:

- Medical records including H & Ps. Discharge summaries and operative records, excluding HPV/HIV/AIDS, Drug/Alcohol Records
- Lab and radiology reports
- Pertinent correspondence
- HPV/HIV/AIDS/Drug/Alcohol Records

Other

 _____ DOB: _____
Print Patient Name

Patient Signature

Witness

Date

Requesting records from:
