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Authorization to Release Medical Records

Medical Records Sent From: \_\_\_\_\_

Medical Records Sent To: \_\_\_\_\_

Date: \_\_\_\_\_

Re: \_\_\_\_\_

I hereby authorize you to forward the following Medical Records:

\_\_\_\_\_ X-rays and/or X-ray reports

\_\_\_\_\_ Laboratory Test Results

\_\_\_\_\_ Examination Findings

\_\_\_\_\_ Summary of Medical History

\_\_\_\_\_ Other: \_\_\_\_\_

Thank you for your assistance in providing for this patient's medical care.

Respectfully,

\_\_\_\_\_  
(Signature of Patient)      DOB: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Doctor)