

MEDICAL RECORDS

I, _____ hereby request and authorize you to release my medical records.

Please include:

- Progress notes.
- Billing records.
- X-Ray/MRI/EMG and other imaging documents and films.
- Surgery/procedures notes.
- Medication records.

Important: * Please check one of the following:*

*This is a records **release**:* Dr. Moshe Lewis is releasing medical records **to** the following doctor/clinic:

Name of physician/clinic: _____

Address: _____

Phone: _____ Fax: _____

*This is a records **request**.* Dr. Moshe Lewis is requesting medical records **from** the following doctor/clinic:

Name of physician/clinic: _____

Address: _____

Phone: _____ Fax: _____

Patient's info:

Name: _____

Address: _____

Date of Birth: _____

*****Patient's Signature***** _____

Date Signed: _____