Healthcare Information Release Request

Patient Information

Full Name

Date of Birth

Address

Phone Number

Email

Recipient Information

Name or Organization

Address

Phone Number

Information To Be Released

Type of Information

e.g. Medical Records, Lab Results

Purpose of Release

e.g. Continued Care, Insurance

Date Range

e.g. Jan 2021 - Dec 2023

Authorization

Additional Instructions or Limitations

Patient Signature

Date