

# Specialist Referral Medical Records Release

## Patient Information

Full Name

Date of Birth

Phone Number

Address

## Health Care Provider Releasing Records

Provider Name

Address

Phone Number

## Recipient Specialist

Specialist Name/Clinic

Address

Phone Number

## Records to be Released

Description of Medical Records

Dates of Service

## Authorization

Purpose of Release

Authorization Expiration Date

## Patient Signature

Signature

Date