

Glenn Ingram, Jr, ND
Marty Ingram, ND

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Release of Records

Today's Date: ___/___/___

To Medical Records at _____,

Please send a copy of the medical records for _____,
DOB ___/___/___. At your earliest convenience, please send the following that are circled:

Lab results

Dates: _____

Imaging with summaries

Chart notes

Other: _____

These may be sent to the above address.

Thank you!

Glenn Ingram, Jr, ND

I, _____, give permission for release of records to Through the Woods Natural Health for the purpose of medical decision-making and treatment as well as discussion pertaining to my medical records and clinical information between Through the Woods Natural Health and above listed medical office.

_____ ___/___/___