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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
or
Marty Ingram, ND

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

_____ / ___/___