Dr. Walter Lemmo, ND
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Dr. Walter Lemmo, ND

MSP Billing No. 30179

RECORDS RELEASE FORM

TO (PHYSICIAN OR MEDICAL CENTRE)

Could you please release the records of patient,
to the above address or fax number of Dr. Lemmo.

Patient Information

FULL NAME

DATE OF BIRTH (MM/DD/YY)

PERSONAL HEALTH NUMBER (PHN)

Request

COMPLETE RECORDS	YES	NO		
RECENT RECORDS	YES	NO	DURING THE LAST (PLEASE SELECT)	MONTHS
WBC/ICBC REPORTS	YES	NO		
X-RAY/ULTRASOUND	YES	NO		
MRI/CT-SCAN/PET-SCAN	YES	NO		
LABORATORY	YES	NO		
OTHER	YES	NO	PLEASE SPECIFY:	

Notes

PATIENT SIGNATURE

PHYSICIAN SIGNATURE

DATE SIGNED (MM/DD/YY)

DATE SIGNED (MM/DD/YY)