

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

MSP Billing No. 30179

### RECORDS RELEASE FORM

TO (PHYSICIAN OR MEDICAL CENTRE)

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

### Patient Information

FULL NAME

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DATE OF BIRTH (MM/DD/YY)

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PERSONAL HEALTH NUMBER (PHN)

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### 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:	

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### Notes

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PATIENT SIGNATURE

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PHYSICIAN SIGNATURE

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DATE SIGNED (MM/DD/YY)

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DATE SIGNED (MM/DD/YY)

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