

CHRISTIAN FAMILY MEDICINE

408 Jungermann Road

St. Peters, MO 63376

636-449-5757 (P)

636-449-5750 (F)

Medical Records Release Form

_____	_____
Patient name	Date
_____	_____
Patient Signature	Patient DOB

I hereby authorize _____
Physician Name to release records

To release my medical records as noted below:

_____ Entire medical file (including mental health and substance abuse information)

_____ Only records for time frame of _____ to _____

_____ Entire medical file excluding _____

Medical records are to be sent to:

Name of physician or facility to receive records

_____	_____
Address	City/State/Zip Code
_____	_____
Phone number	Fax number