



7 Yorkshire Street, Suite 201
Asheville, NC 28803
(P) 828-761-1710
(F) 828-505-8345

MEDICAL RECORDS RELEASE FORM

Patient Name _____ Date of Birth: _____

Information to be released:

Please release my medical records **from** the following physician(s)/facility:

Facility/Practice Name: _____

Phone #: _____

Fax #: _____

Please release my medical records **to** the following physician(s)/facility:

Facility/Practice Name: LifeWay Health _____

Phone #: (828)-761-1710 _____

Fax #: (828)-505-8345 _____

The purpose/reason for this release of information is as follows:

Signature: X: _____

_____ Date

_____ Patient/Guardians Signature