

Dear Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

The following named patients has asked me to be involved in their medical care.  
I would appreciate if you could release their medical records.

Patient Name \_\_\_\_\_ Date of Birth ●● / ●● / ●●●●

Address \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth ●● / ●● / ●●●●

Address \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth ●● / ●● / ●●●●

Address \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Doctor Signature \_\_\_\_\_ Date ●● / ●● / ●●