

Living Waters Family Medicine, LLC

Release of Records Form

301.900.5313 (office) 301.235.1590 (fax)

Patient Name: _____ Date of birth : _____

Patient address: _____

Release of records from:

Provider's name/Office name: _____

Office location (city, state): _____

Office telephone: _____

Release the following:

- | | |
|--|---|
| <input type="checkbox"/> Entire Record | <input type="checkbox"/> History & Physical |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Consult Notes |
| <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> ER/UC Notes |
| <input type="checkbox"/> Other Test Reports: _____ | <input type="checkbox"/> Other: _____ |

Release to:

Living Waters Family Medicine/ Lora Cole, MSN, CRNP, FNP-C
1260 Maryland Ave, Suite 114
Hagerstown, Maryland 21740
301.900.5313 (office)
301.235.1590 (fax)

Patient/Guardian signature: _____

Date: _____ Relationship to patient: _____

Witness signature: _____

Date: _____ Printed Name: Lora Cole, MSN, CRNP, FNP-C

