PATHWAYS
SPEECH THERAPY INC.

102 Sanders Street
Athens, AL 35611
Phone: 256-431-4223
Fax: 256-232-4401
Email: pstinc@icloud.com

REQUEST FOR RELEASE OF MEDICAL RECORDS

TO: _____

Description: _____

PATIENT NAME: _____ DOB: _____

I hereby request that my medical records, pertaining to speech therapy, be released to Pathways Speech Therapy Inc. for the purpose of comprehensive evaluation.

_____ _____

Signature Date

*Records may be mailed or faxed. Please call us if there are any questions or concerns.