



Request for Release of Medical Records

Date: _____

To: _____

I hereby request that my medical records be released to:

Samantha Schneider, MSN, APRN, FNPC
Tamara Till, MSN, FNP – BC

1326 Grove Park Dr.
Orangeburg, SC 29115
Phone: (803)-888-2600
Fax: (803)-888-2601

Patient: _____

Date of Birth: _____

Address: _____

Phone: _____

Patient's Signature: _____