



Wakefield Family Medicine, PLLC
131 Meadow Street Sanbornville, NH 03872
Office Phone: (603) 871-8227- Office Fax: (603) 871-8285

Medical Record Release- Obtaining Records from Facility

Name: _____ Date of Birth: _____

Physical Address: _____

Mailing Address (If different than physical): _____

Phone: Home _____ Mobile: _____

Indicate Medical Records to be released (check):

_____ ALL RECORDS _____ Laboratory Results _____ Imaging Results

_____ Behavioral Health _____ Specialty Notes/Procedures/Hospital Records

Specific Dates of Service: _____ to _____

Facility Requested: _____

Address: _____

Phone Number: _____ Fax Number: _____

Reason for Request: _____

This authorization is inclusive of ALL the information contained in the patient's medical records unless otherwise specified. This may include substance, alcohol use, mental health or communicable diseases. Signing this authorization allows Wakefield Family Medicine to request, receive and store all requested information.

Patient or Guardian Signature _____

Printed Name: _____ Date Signed: _____