



901 Von Kolnitz Road  
Suite 100  
Mt. Pleasant, SC 29464  
P 843-216-3376  
F 843-216-3242

MEDICAL RECORDS RELEASE FORM

Request Records From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records to be sent to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request a copy or summary of the following medical records:

- Complete Medical Records
- Biopsy Report(s)
- Lab Report(s)
- Consultation Reports
- Medication Allergies
- Surgical Procedures
- Other \_\_\_\_\_

For dates of service from \_\_\_\_\_ to \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Patients Name (Please Print) \_\_\_\_\_

Patients DOB \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_