



RELEASE OF INFORMATION-SHORT FORM
(Inspect and Copy Request Form)

TODAY'S DATE: _____

PATIENT'S NAME: _____ DATE OF BIRTH: _____

DESCRIPTION OF INFORMATION BEING REQUESTED (eg: medical records): _____

PLEASE SEND THE INFORMATION TO (include name and address): _____

ATTENTION TO: _____

REQUESTED BY (NAME): _____

RELATIONSHIP TO PATIENT: _____

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

_____ REQUEST ACCEPTED. DATE INFORMATION GIVEN/SENT: _____

_____ REQUEST DENIED. REASON: _____

ACCEPTED/DENIED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____