

# Medical Record Release Form

## Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

## Release of Information From:

All Facilities/Providers currently or previously affiliated with my care

or complete the following information:

Specific facility as follows: Practice/Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_

## Release of Information To:



2328 N. Interstate Drive | Norman, OK | 73072

Phone: (405) 857-2179 | Fax: (405) 310-7677

## Records Authorized For Release:

Complete Medical Record

or choose from the following items:

Progress Notes       Medication       Other (please list): \_\_\_\_\_  
 Radiology               Hospitalization      \_\_\_\_\_  
 Lab/Pathology           Mental Health              \_\_\_\_\_

I \_\_\_\_\_ hereby authorize release of confidential health information about me, by releasing a  
(Name of patient/guardian)  
copy of my medical record, or a summary or narrative of my protected health information, per above to Medacy Health Primary Care.

Printed Name

Date

Signature

Date

**Please fax all available patient records to (405) 310-7677. Thank you!**