

Evergreen Family Health
28 Park Ave, Williston, VT 05495
(802)878-1008
Fax(802)872-2679



Authorization to Obtain Medical Information

I authorize Evergreen Family Health To **obtain** medical information from:

Check all information to be released:

- Copies of medical records including all diagnostic test reports
from _____ to _____
 - Immunization records
 - Test reports only (specify type and date of test) _____
 - Other(specify record and date) _____
-

Name: (Please Print)

_____ DOB: _____

Address:

*Signature: _____ Date _____

***Unless otherwise specified, this release expires one year from signature date above**

___ I have personally reviewed my medical records on _____.

I wish to withhold the following information:

Name: _____ DOB: _____

*Signature: _____ Date: _____

Witness Signature: _____ Printed Name: _____

***Please note : Unless otherwise specified, this release expires one year from signature date above.**