



THE CECIL SPECIALTY CLINIC

1009A Dupont Sq N

Louisville, KY 40207

PH: (502) 894-9950 | FAX: (502) 894-9991

Medical Record Release

The following patient has asked us to request that his/her medical records be released and forwarded to our office.

In order for us to fully evaluate this patient's health and make informed decisions, the patient has approved our request for copies of all relevant medical records in your database. Please be sure to include any lab results, ultrasounds, CTs/MRIs, x-rays, pathology, or biopsy reports for continuation of care.

Signature

Date

Patient Name: _____
(Last) (First) (MI)

Age _____ SSN _____ DOB ____/____/____

Street Address _____

City _____ **State** _____ **Zip** _____