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MEDICAL RECORDS RELEASE

To: Anthony Dee, M.D.
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From: _____

I request a copy of the following medical records:

- _____ Complete Medical Records
- _____ Biopsy Report(s)
- _____ Lab Report(s)
- _____ Consultation Reports
- _____ Medication Allergies
- _____ Allergy Test/Treatment
- _____ Surgical Procedures
- _____ Other: _____

For dates of service from _____ to _____

Additional Comments: _____

(Print Name) (Date of Birth)

(Patient Signature) (Date)

(Witness) (Date)