

*All About Family Medicine*  
*4 West Township Line Road, East Norriton, PA 19401*

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

Print patient's full name

Home Phone

Street Address

Date of birth (MM/DD/YYYY)

City, State, Zip

At the request of the individual, I  do hereby authorize to:

(Patient's Name)

**Practice to release:**

Company Name

Address

City, State Zip

Phone

Fax

All About Family Medicine (Patient's Name)

DISCHARGE SUMMARY

HISTORY & PHYSICAL

PROGRESS NOTES

OPERATIVE NOTES

PATHOLOGY REPORTS

LABORATORY REPORTS

RADIOLOGY REPORTS

ECG/EEG/CARDIAC CATH

EMERGENCY REPORTS

ALL RECORDS

**INFORMATION RELEASE TO:** All About Family Medicine

Phone: (484) 416-0800

4 West Township Line Road

Fax: (484) 416-0660

East Norriton, PA 19401

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Signature of individual or **guardian (if person is under 18 years of age)** or Personal Representative of patient's estate

Date