

# Swisher Internal Medicine, PLLC

Jenette T. Swisher, MD

30 13<sup>th</sup> Avenue, Hickory, North Carolina 28601

(828) 324-0100 Fax: (828) 324-0101

## Medical Records Release Form

I, \_\_\_\_\_, request my medical records including current and previous records, which are part of my medical background be released to *SWISHER INTERNAL MEDICINE*

### Release Records From:

Doctor's Name \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Other Names Used In The Past: \_\_\_\_\_

I realize that my medical records may contain information of a sensitive nature, such as HIV and/or drug testing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_