



NEW  
SOUTH  
MEDICAL

**RELEASE OF MEDICAL RECORDS**

DATE: \_\_\_\_\_

RE: PATIENT \_\_\_\_\_

DOB \_\_\_\_\_

I, \_\_\_\_\_ request the release of my X rays and/or medical records from

\_\_\_\_\_

I release NEW SOUTH MEDICAL from any and all claims resulting from the release as I realize they are part of your permanent records.

Signed: \_\_\_\_\_

SSN# \_\_\_\_\_

Witness: \_\_\_\_\_

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

\_\_\_\_\_ Please email all records from \_\_\_\_\_ through \_\_\_\_\_ to our office.

\_\_\_\_\_ Patient is currently in the office.