

Request for Release of Medical Records

From: _____ (party requesting a copy of medical records)

To: Greenbush Veterinary Clinic ♦ 20524 Greenbush Rd. ♦ Greenbush, VA 23357

I request that copies or summaries of the medical records pertaining to my animal(s) named:

be released to the following party by phone, fax, surface mail or by email (as follows):

Name of Practice or Other Party

Street Address

City

State

Zip

Fax of Recipient _____ Email of Recipient _____

Signature of Owner or Authorized Agent

Date