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## Release of Health Records

Today's Date: \_\_\_\_\_

- ☐ Release Records to Hawthorn Holistic Health LLC from office listed below.
- ☐ Release Records from Hawthorn Holistic Health LLC to office listed below.

Doctor/Office: \_\_\_\_\_

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

Phone/Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Records to be released: \_\_\_\_\_ Complete Record

\_\_\_\_\_ A Summary

\_\_\_\_\_ Lab Work