

Beacon Integrative Medical Center
859 S. Yellowstone Hwy #3201
Rexburg, Idaho 83440
Office: 208-359-2101 Fax: 208-356-8860

MEDICAL RECORDS RELEASE FORM

Patient's
Name: _____

Date of Birth: _____

Please release my medical records from the following physician(s):

Name: _____

Address: _____

City, State,
Zip: _____

Phone #: _____

Fax #: _____

The release of my records is for continuation of care. This document is to expire six (6) months from date of signature.

Medical Records including Labs, Surgeries, and Radiology Testing/Procedures

Patient's Signature

Date _____