

RECORDS RELEASE FORM

To:

I, _____, _____ hereby request that
(Patients name) (Date of Birth)

you release to:

Janet Westenberger, D.O.
3875 North Buffalo Road
Orchard Park, NY 14127
Ph: 716-662-9336
Fx: 716-662-9236

_____ All medical record, including labs, consults, diagnosis, treatment, prognosis,
and recommendations as well as other data pertinent to your treatment of me
from _____ to _____.

****** Please do not send us the records on a CD disk******
****** Mail them on paper ONLY or Fax them to us PLEASE ******

_____ Only the information indicated including:

(Patients Name)

(Patient or guardian signature)

(Date of Request)

(Address)

(Witness)

(City, State, Zip)