

Richard Lorenzo, D.O.

Kortney Jones, ARNP



Obstetrics • Gynecology • Richard Lorenzo, D.O.
1045 Jadwin Ave., Richland, WA • 509-392-6700

Medical Records Request Form

Name: _____ Date of Birth: _____

Address: _____

Telephone: _____

I give _____ authorization to disclose or release my medical records, including:

- All Medical Records _____
- Lab Results _____
- Radiology Reports _____
- Other Reports (specify) _____

Please **do not** include the following information, if initialed:

- Mental Health Diagnosis/Treatment Information _____
- Drug & Alcohol Abuse Diagnosis/Treatment Information _____
- Sexually Transmitted Disease Diagnosis/Treatment Information _____

The above records are for services provided **FROM:** _____ **TO:** _____

Records are to be sent to:

Complete Healthcare for Women, PLLC
Richard Lorenzo, D.O.
1045 Jadwin Ave., Richland, WA 99352

Phone: 509-392-6700
Fax: 509-392-6699

This authorization shall expire on _____ or one year from the date originally signed.

I understand that this authorization is voluntary, and it gives the authorized persons permission to use them as stated.

Signature _____ Date _____

Printed Name _____