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Release of Medical Records

I, _____, authorize the release of medical information from Dr. Harshit M. Patel, MD to the healthcare provider below. This release is authorized for one year from the date of signing and all information will be regarded as confidential.

Please forward the following:

- Complete medical history, diagnosis and treatment records
- X-ray, MRI, CT, US reports
- X-ray, MRI, CT, US copies and reports
- Laboratory findings
- Exam findings and diagnosis
- Treatment notes

To: _____

Attn: Medical Records

Please include records from _____ to the present. Thank you for your prompt attention in this matter.

Print Patient Name

Patient Signature

Date