INNOVATIVE Health
Chiropractic • Laser Therapy
Functional Medicine

2114 Schofield Ave. • Weston, WI 54476
715 **355-4224** • FAX: 715 355-4120
InnovativeHealthClinic.com

PATIENT REQUEST FOR RECORDS and AUTHORIZED RELEASE

Date of Request: _____

Patient Name: _____

Phone: _____ Date of Birth:_____

Address: _____

City: _____ State: _____ Zip: _____

Please choose one:

- ☐ I would like my records sent from another provider to Innovative Health.
- ☐ I would like my records sent from Innovative Health to another provider.
- ☐ Patient is requesting records for personal use.

Provider information:

Doctor/Medical Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date of Records: _____

Items Requested:

- ☐ X-ray report
- ☐ MRI report
- ☐ CT Scan report
- ☐ X-rays on CD (or film copy)
- ☐ MRI on CD
- ☐ CT Scan on CD
- ☐ Daily chart notes
- ☐ Other_____

Request initiated at:

Innovative Health
Attn: Medical Records
2114 Schofield Avenue
Weston, WI 54476

Phone: 715-355-4224
Fax: 715-355-4120

By signing this form, I hereby authorize the release and transfer of my medical records and diagnostics, or copies of such.

Patient Signature: X_____ **Date:** _____