

LAURA SHELTON, N.D.
EMILY SHARPE, N.D.
1707 F Street
Bellingham, WA 98225
(360) 734-1560

Records Release Form

_____ Date

To _____

To Whom It May Concern:

Please forward a copy of the indicated medical records (only) to Dr. Laura Shelton/Dr. Emily Sharpe from the above listed practitioner. I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.

Thank you in advance for your prompt attention to this matter.

All Records

Summary of Treatment

Medical History/ Physical

Radiology Reports/ Films

Lab Test Reports

Other: _____

Sincerely,

Signature (if relative, state relationship)

Print name

Birth date