

East Tennessee Pulmonary Associates
800 Oak Ridge Turnpike Suite C-200
Oak Ridge, TN 37830
865-483-3594 Phone
865-483-4910 Fax

Request for Release of Medical Records

I hereby request that my medical records be released to:

Name _____

Address _____

Records to include:

- Complete record
- Office notes
- PFT
- Radiology Disc Written Report
- Lab
- Billing records

Patient Name _____

Patient DOB _____

Chart Number _____

I understand that I may revoke this authorization by submitting a request in writing to: East Tennessee Pulmonary Associates 800 Oak Ridge Turnpike C-200 Oak Ridge, TN 37830. I understand that I may also refuse to sign this request if I do not wish to have my medical information released.

Signed: _____

Date _____