FULL CIRCLE FAMILY MEDICINE

IPW | Independent Physicians of Wisconsin

Medical Records Release

Patient Name: _____

Address: _____

Birthdate: _____ **Today's Date:** _____

Information Requested: Last 5 years of medical records AND all Pap smears, mammograms, colonoscopies & biopsies, DEXA scans, labs, vaccine records

Purpose of Release: Continuation of care

The information is to be provided to:

Full Circle Family Medicine – IPW
Kirsten O'Quinn, MD
W178 N9912 Rivercrest Drive ~ Suite 105
Germantown, WI 53022
Phone: 262-682-8810
Fax: 855-448-6292

Release information from: _____

_____

_____

_____

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose.

_____ _____
Patient's Signature or Patient's Representative **Date**

_____ _____
Printed Name of Patient or Patient's Representative **Relationship to Patient**

PLEASE MAKE A COPY OF THIS RELEASE FOR YOUR RECORDS.