



Partners in Health
— COLLECTIVE —

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 – PHC
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.