MidState
PULMONARY

Breathe. Sleep. Heal.

MEDICAL RECORDS RELEASE

Physician to provide records: _____

Fax: _____ Phone: _____

Patient's Name: _____ DOB: _____ SS#: _____

Address: _____

PHYSICIAN TO RECEIVE RECORDS:

- ☐ Thomas Atwater, M.D.
- ☐ Hanson Cowan, M.D.
- ☐ Mark D. Peacock, M.D.
- ☐ Richard Tyson, M.D.
- ☐ Benjamin Ferrell, M.D.
- ☐ Chace T. Carpenter, M.D.
- ☐ Stephen A. Capizzi, M.D.
- ☐ Jason Pritchett, M.D.
- ☐ Jordan Phillips, M.D.

PLEASE FAX RECORDS TO: 615-284-5385

RELEASE THE FOLLOWING RECORDS: **Initial Below**

1. Only a Portion of the records maintained, specify below:

_____ _____

_____ _____

_____ _____

_____ _____

2. All Medical Records at this Facility: _____

Please check any information below, you chose not to be released from this facility:

- ☐ Substance Abuse
- ☐ AIDS/HIV, if any
- ☐ Psychological or Psychiatric Conditions

Patient Signature: _____ Date: _____

_____ Date: _____

Signature of authorized person signing on patient's behalf

Relation to Patient: _____

Revised 6.23.2021

COWAN ▪ PEACOCK ▪ CARPENTER ▪ CAPIZZI ▪ TYSON ▪ PRITCHETT ▪ ATWATER ▪ PHILLIPS ▪ FERRELL

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