

MidState
PULMONARY

Breathe. Sleep. Heal.

MEDICAL RECORDS RELEASE

Physician to provide records: _____

Fax: _____ Phone: _____

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

Address: _____

PHYSICIAN TO RECEIVE RECORDS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Mark D. Peacock, M.D. | <input type="checkbox"/> Richard Tyson, M.D. | <input type="checkbox"/> Jordan Phillips, M.D. |
| <input type="checkbox"/> Chace T. Carpenter, M.D. | <input type="checkbox"/> Jason Pritchett, M.D. | <input type="checkbox"/> Benjamin Ferrell, M.D. |
| <input type="checkbox"/> Stephen A. Capizzi, M.D. | <input type="checkbox"/> Thomas Atwater, 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 11.19.2021