



RECORD RELEASE FORM

I, _____, certify that I am authorized to release records on behalf of _____ and I give permission for the following to be released for the horse named _____.

	YES	NO
Radiographs	_____	_____
Ultrasounds	_____	_____
Patient History	_____	_____

Please release these records to _____ as soon as possible.

Address _____

Phone _____ Fax _____

Email _____

Please send these records via:

(Charges may apply. Please contact the office with any questions.)

Fax _____

USPS _____

FedEx _____

Additional comments, requests or restrictions:

Signature _____

Date _____

Please complete this form and return it to us as soon as possible so we may process your request. Thank you.

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