



RECORD RELEASE FORM

I, _____, give permission for the following records 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.)

Email _____

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.

C. B. Miller and Associates
39 Fields Lane, North Salem NY 10560
914-276-1260 | 914-276-1261
www.miller-dvm.com