

I&M Medical Associates, PLLC

dba Weaners and Losers

26 NESBITT RD, Suite 250

NEW CASTLE, PA 16105

Phone 724-658-2391

Fax 724-658-1028

RELEASE ANY AND ALL MEDICAL RECORDS FOR:

NAME

ADDRESS

CITY, STATE, ZIP

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

I HEREBY REQUEST THAT ALL MEDICAL RECORDS BE RELEASED FROM: _____

TELEPHONE: _____ **FAX:** _____

PLEASE SEND RECORDS TO:

I&M Medical Associates, PLLC

dba Weaners and Losers

26 NESBITT RD, Suite 250

NEW CASTLE, PA 16105

Phone 724-658-2391

Fax 724-658-1028

AUTHORIZED SIGNATURE

DATE

WITNESS

DATE