



MEDICAL RECORDS RELEASE
Release from Sleep HealthCenters

TOLL FREE FAX: 866-799-0601
 PHONE: 877-SLEEPHC or 877-753-3742
 info@sleephealth.com – www.sleephealth.com

Please fax the completed request form to the above number or mail to:
Sleep HealthCenters Medical Records Department, 187 Ballardvale Street, Suite 202, Wilmington, MA 01887

(Please fill out this form in black pen.)

LAST NAME _____ FIRST NAME _____ DATE _____

HOME ADDRESS _____

PHONE # _____ ALT PHONE # _____ DOB _____

PATIENT REQUEST

| <u>Document Type</u> | <u>Date(s)</u> | <u>Notes</u> |
|---|----------------|--------------|
| <input type="checkbox"/> Sleep Study Reports | _____ | _____ |
| <input type="checkbox"/> Consult Notes | _____ | _____ |
| <input type="checkbox"/> Sleep Study Lab Data | _____ | _____ |
| <input type="checkbox"/> PAP Therapy | _____ | _____ |
| <input type="checkbox"/> _____ <i>(please specify)</i> | _____ | _____ |

PLEASE SEND A COPY OF MY RECORDS DIRECTLY TO THE PERSON(S) LISTED BELOW:

REQUESTING RECORDS FROM

NAME Sleep HealthCenters
 ADDRESS 187 Ballardvale Street, Suite 202
Wilmington, MA 01887
 PHONE NO 877-753-3742
 FAX NO 866-799-0601

SEND RECORDS TO

NAME _____
 ADDRESS _____
 PHONE NO _____
 FAX NO _____

AUTHORIZATION

This request is good for 1 year from the below signature date.

Patient or Legal Guardian Name: _____ Date: _____
Please Print

Signature: _____
Information will not be released without a valid signature.