



Phone 508-583-1400 FAX: 774-776-2814
1340 Belmont Street Brockton, MA 02301

Authorization for the Release of Medical Records

Step 1: Patient information PLEASE PRINT

Patient's Name

Date of Birth

Telephone

Address

State

Zip

Step 2: Where are your medical records now? PLEASE PRINT

Doctor's name

Telephone/Fax

Street

City

State

Zip

Step 3: To whom do you wish to release your records to? *We do not accept double sided records or records on a disc*

Tristan Medical Easton/Brockton Care Center

508-583-1400/ 774-776-2814

Doctor's name

Telephone/Fax

1340 Belmont Street

Brockton

MA

02301

Street

City

State

Zip

Step 4: What records are being requested?

- checkbox Last two years of office visits
checkbox Most Recent Mammogram
checkbox Most Recent Pap Smear
checkbox Most Recent Colonoscopy
checkbox Most Recent EKG
checkbox Recent Labs/Imaging (One Year)
checkbox Vaccine History, Medication History and Allergies
checkbox Psychiatric information
checkbox AIDS/HIV information of Test Results
checkbox Social Services Notes
checkbox Drug/Alcohol abuse
checkbox Sexual, Physical abuse
checkbox Sexually Transmitted Disease
checkbox Other: _____

Step 5: Your Signature and Date

By signing this release, I hereby authorize the above listed provider to release my medical records to Tristan Medical. This authorization is valid for 90 days and may be revoked at any time in writing prior to the expiration date. Additional authorization is required for a different doctor or entity.

Patient Signature

Date

Witness Signature

Date

Parent/ Guardian Signature

Date