



# Monarch Integrative Medicine

267 Schuylkill Road, Phoenixville, PA 19460 O: 610-935-4745 F: 610-935-4748

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## Authorization to Release Medical Records

### PREVIOUS PRACTICE:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### PLEASE RELEASE MY MEDICAL RECORDS TO:

**Monarch Integrative Medicine**  
**267 Schuylkill Road**  
**Phoenixville, PA 19460**

### Please include:

\_\_\_\_\_ **My Entire Medical Record**

\_\_\_\_\_ **My Medical Records Pertaining to:**

\_\_\_\_\_

### Please exclude the following sensitive information:

\_\_\_\_\_ **AIDS/HIV**

\_\_\_\_\_ **Mental Health Records**

\_\_\_\_\_ **Alcohol abuse**

\_\_\_\_\_ **Drug abuse**

\_\_\_\_\_ **Sexually transmitted diseases**

\_\_\_\_\_ **Other:** \_\_\_\_\_

### FROM:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_