

Family Wellness Centre of Connecticut

181 Cross Rd, Waterford, CT 06385, 860-572-7711, www.fwcct.com

Empowering LIFE

AUTHORIZATION TO RELEASE MY MEDICAL RECORDS

This Document Authorizes the Release of Medical Records from the Office Of:

Dr. Frank Musante &/or Kendra Becker
Office: Family Wellness Centre of Connecticut
Address: 181 Cross Roads
City: Waterford State: CT Zip Code: 06385
Phone: 860-572-7711

Please Forward These Medical Records To:

Drs: _____
Office: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Patient Information (Please Print):

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____

Please Release a Copy of Any of the Following Medical Records:

- | | |
|--|--|
| <input type="checkbox"/> Progress / SOAP Notes | <input type="checkbox"/> X-Rays / Imaging Studies |
| <input type="checkbox"/> Operative Notes | <input type="checkbox"/> Diagnostic tests |
| <input type="checkbox"/> Laboratory Results | <input type="checkbox"/> Case Narrative (If Present) |
| <input type="checkbox"/> Other: _____ | |

I Hereby Authorize the Release of My Medical Records:

Patient: _____ Date: _____