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MICHIANA

WELLNESS & LONGEVITY CLINIC

605 W. Edison Rd., Suite G
Mishawaka, IN 46545-8823
PHONE: 574-258-4444 FAX: 574-258-4445
Email: MWLC@sbcglobal.net
Web: www.MichianaWellness.com

PATIENT REQUEST FOR RECORDS

To: Doctor _____
Clinic/Hospital _____
Address _____
City,State,Zip _____

I hereby authorize the release of my following records:

- Dates of Records from ___ / ___ / ___ to ___ / ___ / ___ (send all if dates are left blank)
- X-Rays (please send films or copies, and report)
- CT scans
- MRI
- Laboratory results:
 - Blood chemistries
 - CBC with Differential
 - Urinalysis
 - Urinary Indican
 - Other _____
- Diagnosis _____
- Treatments rendered _____
- Office notes _____
- Other _____

I request these records be transferred to:

Dr. William Lyden or _____

Michiana Wellness & Longevity Clinic
605 W. Edison Road, Suite G
Mishawaka, IN 46545

Patient Name (Print) _____

Patient Signature _____

Date of Signature ___ / ___ / ___ Date of Birth ___ / ___ / ___