Ohio Holistic Healthcare, LLC
570 N Leavitt Rd
Amherst, OH 44001
440-340-1970 (phone)
440-370-3018 (fax)
ohhc2018@gmail.com
www.ohioholistichealthcare.com

PATIENT AUTHORIZATION TO RELEASE MEDICAL RECORDS

Complete & RETURN to our office via email, fax, mail or drop off. We must have your records before we can schedule a Medical Cannabis appointment. All other appointments, it may not be needed right away.

PATIENT NAME:_____
D.O.B.:_____ **SS#:***-**-**_____
PHONE:_____ **EMAIL:**_____
ADDRESS:_____
_____

FACILITY/PHYSICIAN/PRACTICE FROM WHICH RECORDS BEING REQUESTED:
_____
_____
_____

DATES OF SERVICE TO RELEASE:_____

SPECIFIC REPORTS TO BE RELEASED:_____

- ❑ OP REPORT
- ❑ PATHOLOGY REPORT
- ❑ RADIOLOGY STUDIES
- ❑ CONSULTATION
- ❑ ER RECORDS
- ❑ DISCHARGE SUMMARY
- ❑ H&P
- ❑ PAIN CLINIC
- ❑ OTHER_____

MODALITY BY WHICH INFORMATION IS TO BE DISCLOSED: *PLEASE FAX RECORDS TO: 440-370-3018*

_____ _____
Signature of Patient/Patient's Legal Representative Date

_____ _____
Relationship to Patient Date