



Bartlett Acupuncture & Herbal Medicine

7 Oak Hill Terrace Suite 105 207 219-0848 Scarborough, ME 04074

www.BartlettAcupuncture.com

office@BartlettAcupuncture.com

Medical Records Release

To: _____

Phone: _____ E-mail: _____

Fax: _____

I, _____, hereby request that a copy of my
Medical Records, including

_____ Lab tests: specifically _____

_____ X-ray or scan reports, relating to:

_____ Patient visit reports and diagnostic assessments

Relating to: _____

_____ all laboratory and other diagnostic examination results

Relating to: _____

be sent to:

Dr. Kathleen Bartlett, DACM, MSTOM, LAc
Bartlett Acupuncture & Herbal Medicine
7 Oak Hill Terrace Suite 105
Scarborough, ME 04074



Please honor this request at your earliest convenience in order to allow for continuity in my medical treatments.

Patient Signature

Practitioner Signature

Date

Date

Patient's Date of Birth