

GreenNHouse

Naturopathic Medicine, LLC

Julia Greenspan, ND • Lisa Klasman, ND

Records Release Form

Patient's Name: _____

Address: _____

Date of Birth: _____ Social Security # _____

Telephone Number: _____

Requesting Records of Doctor

Doctor's Name: _____

Address: _____

Please Release the Following Records

Health Records X-Ray Reports Lab Results

Other: _____

Requested by: GreeNHouse Naturopathic Medicine, LLC
9 Ash Street, P.O. Box 985
Hollis, New Hampshire 03049
Fax (603) 465-2746

Attn Dr. _____

Patients Signature: _____ Date: _____