

**Senior Care Northwest/Forest Grove Geriatrics
Medical Records Release Form**

PO Box 3294 Hillsboro, OR 97124
Ph: (503) 372-6277 Fax: (503) 716-4714

Dear, medical provider. Your client requests that their medical records from the past three years be sent to our practice.

Previous PCP or Clinic name: _____

Previous PCP Phone Number: _____

Client Name: _____

Telephone: _____ Email: _____

DOB: _____

I authorize the release of my medical records or other health care information, including intake forms, chart notes, reports, correspondence, billing statements, and other written information concerning my health and treatment.

Company: Senior Care Northwest _____

Address: PO Box 3294 _____

City: Hillsboro _____

State: Oregon _____ Zip code: 97124 _____

Telephone: 503-372-6277 _____ Fax: 503-716-4714 _____

Client Signature: _____

Date: _____