

Sierra Acupuncture & Healing Arts

Maureen Lamerdin, O.M.D.
Stephanie Pavlik, O.M.D.

Maggie Tracey, O.M.D.
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Consent to Release Medical Records

Please consider this as my authorization for Maureen Lamerdin, O.M.D/ Maggie Tracey, O.M.D./Stephanie Pavlik, O.M.D./David Edge, O.M.D. to release my medical records to:

Name _____

Organization _____

Address _____

Please consider this as my authorization to release my medical records to Maureen Lamerdin, O.M.D/ Maggie Tracey, O.M.D./Stephanie Pavlik, O.M.D./David Edge, O.M.D:

Name _____

Organization _____

Address _____

Patient Name _____

(Please print)

Patient Signature _____

Date Signed _____

Witness _____