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CIME DISABILITY EVALUATIONS

311 COURTHOUSE ROAD
PRINCETON, WV 24740
PHONE. 304-487-2297

REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient's Name:

DOB:

SSN:

I hereby certify that my medical records be released to:

_____

_____

_____

I hereby certify that my medical records be released from:

_____

_____

_____

Medical records needed for the purpose of:

_____

_____

_____

Date medical records requested: _____

Date medical records needed: _____

PATIENT'S SIGNATURE: _____