



PERLIS WELLNESS CENTER

Cheryl Perlis, MD
81 E. Scranton Avenue, Lake Bluff, IL 60044
Phone: 847-295-5997 Fax: 847-295-6340
www.perliswellnesscenter.com

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

PLEASE COMPLETE IN FULL

Patient information:

Form fields for patient information: First, MI, Last, Date of Birth, Street Address, City, State, Zip, Phone Number, Social Security Number.

Records Released From:

Records Released To:

Form fields for Records Released From: Name, Street Address, City, State, Zip.

Form fields for Records Released To: Name, Street Address, City, State, Zip.

Permanent Transfer:

Form fields for Permanent Transfer: Yes/No checkboxes.

Form fields for Permanent Transfer: Phone/Fax fields.

Reason for Transfer:

Type or extent of information to be released:

- List of checkboxes for information release: All Reports and Records, Operative Reports, Consultations, Medical History, Exams, Reports, Treatments or Tests, Lab Reports, X-Ray Reports.

Release will expire one (1) year from date of signature.
There is a charge for the release of medical records based on the number of pages.

Signature of Patient or Guardian and Date fields.

FOR PICK-UP ONLY

Signature of Patient or Authorized Individual and Date fields.

Office Use Only: # of pages, Fee, Fee received on, Records sent on.