



1708 Alpine Drive
Columbia, TN 38401
Ph: 931-283-6629
Fax: 931-223-5881

REQUEST FOR RELEASE OF MEDICAL RECORDS

DATE: _____

TO: _____
(PHYSICIAN OR FACILITY)

(ADDRESS)

(CITY – STATE - ZIP)

I hereby request that my medical records be released to Columbia Surgical Partners to the attention of:

(Circle One)

Dr. Amy Vertrees Dr. Daniel Davidson Oxley Dr. Ariel O’Neil

1708 Alpine Drive Columbia, TN 38401

Patient Printed Name: _____

Patient DOB: _____ Patient Phone Number: _____

Patient Address: _____

Patient Signature: _____

