



Beyond Health LLC

Making Your Health Our First Priority

15160 NW Laidlaw Road, Suite #224

Portland, Oregon 97229

Phone: 503-922-7267

Fax: 678-792-9439

Dr. Meenakshi Aggarwal MD, FAAFP

Patient's Name: _____ DOB: _____

ADDRESS: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Medical Records Release Form

Information Requested from:

Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Data Requested:

All Medical Records including labs, imaging and other pertinent records.

Send Information to: Beyond Health LLC

I, _____ (Name), hereby grant permission for you to release confidential information about me, by releasing a copy of my medical record, or a summary, or a narrative of protected health information, to Beyond Health LLC Family Practice Clinic.

Signatures : _____ Date: _____

Printed Name: _____

