

Blavo Medical Group
3198 Highway 72 West
Corinth, MS 38834
Phone: (662) 212 - 5551
Fax: (833) 468 - 1518



Medical Release Form

Patient's Name: _____ SS#: XXX-XX-_____

Address: _____ DOB: ___/___/_____

Phone #: _____

I hereby request and authorize Blavo Medical Group to obtain/release my health information to:

Myself Health Insurance Outside Physician/Company:

Information Requested:

Date(s) of Service: _____

Complete Chart Hospital Records

Up-to-Date Medication List Lab Reports

Most Recent Office Notes Imaging Reports

Other (specify): _____

Signature of Patient: _____ Date: ___/___/20__

OR

Signature of Patient Legal Representative: _____ Date: ___/___/20__

Please fax the above information to Blavo Medical Group or mail to:

Blavo Medical Group - Medical Records
3198 US-72, Corinth, MS 38834
Phone: (662) 212 - 5551 Fax: (833) 468 - 1518

BLAVO MEDICAL GROUP USE ONLY

Identification Verified By: Signature Picture ID

Person Receiving Request: _____