



Venturis Clinic
7917 N. May Ave.
Oklahoma City, OK 73120
405-848-7246
fax:405-842-8290
venturisclinic@gmail.com

Request for Release of Medical Documents

I, _____ authorize the release of the **most recent** medical documents consisting of, but not limited to; Medical Chart Notes, Physical Examination, Laboratory Reports, Consultation Reports, and X-Ray Reports. As per regulations under the BOMQA - Consumer Affairs, these records must be forwarded to the designated recipient (**below**) within 14 calendar days.

Patient's Signature _____ Date _____

Printed Name: _____

Please send or fax my documents to:

Facility Name/Doctor
Street Address
City, State, Zip

Fax Number
Phone Number

Note to patient: Please maintain a copy of this release form in your files.