Mandarin Wellness Center Shirley Hartman, M.D.  
9283 San Jose Blvd B-2, S-1 (904) 268-5826  
Jacksonville, Fl. 32257 (904) 268-5873

**Personal Release of Records Request:**

This form is only used for a patient to receive his/her own records

or records for his/her minor children not requiring additional consent.

**Records to be sent to the following address:**

Patient’s Name(s):

Patient’s DOB(s):

Mailing Address:

Release the following medical Records: Date Range:   
 Office Notes   
 Treatment Plan of Care   
 Medication Record   
 Laboratory Reports

Imaging Reports   
 Lyme Specific Records   
 All Medical Records

|  |  |
| --- | --- |
| As part of the medical record, the following information will be released unless stricken: | |
| * Psychiatric Information | * Drug & Alcohol Abuse Information |
| * AIDS or HIV Information | * Child Abuse/Neglect Information |
| * Sexual Orientation Information | * Sexual Abuse Information |

I have carefully read this consent, understand its contents, and authorize the release of the above-specified information. This information is for the person/facility to which it is addressed only.

Print Name: Signature:   
Date: Phone:

Email Address (to send invoice):

06/2022