GLOBAL CARE MEDICAL GROUP
595 PAWTUCKET BLVD 3RD FLOOR LOWELL, MA 01854
600 CLARK RD 2ND FLOOR TEWKSBURY,MA 01876
TEL: 978-453-8261 FAX: 978-453-7911

AUTHORIZATION TO OBTAIN MEDICAL RECORDS

STREET CITY STATE ZIP TO RELEASE PROTECTED HEALTH INFORMATION, CONTAINED IN THE MEDICAL RECORD OF THE ABOVE-NAMED TO THE FOL PROVIDER/FACILITY: STREET CITY STATE ZIP SENSITIVE HEALTH INFORMARTION: If the information to be disclosed contains any of the following types of information listed below, additional laws and/o requirements may apply. I understand and agree that this information will be sent to the provider at the location noted all UNLESS I place my initials in the applicable space next to the type of records: MENTAL HEALTH TREATMENT RECORDS SEXUALLY TRANSMITTED DISEASE (STD) TREATMENT GENETIC TESTING ALCOHOL/DRUG ABUSE TREATMENT RECORDS HIV/AIDS TEST RESULTS DOMESTIC ABUSE INFORMATION TO BE RELEASED: CHECK ALL THAT APPLY DATES OF TREATMENT TO BE RELEASED: TO OFFICE NOTES LABORATORY RESULTS IMMUNIZATION RESULTS IMMUNIZATION RESULTS OTHER: COMPLETE RECORD X-RAY (REPORTS OF THE COMPLETE COMPLE	PATIENT'S NAME:	DATE OF BIRTH:	TEL NO:	TEL NO:	
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