

ProTech Medical, LLC

1100 Hatcher Lane
Columbia, TN 38401
Phone (931) 388-3766
Fax (931) 540-8209

MEDICAL RECORDS RELEASE FORM

Patient Name: _____

Date of Birth: _____

***Patient is agreeing to have any and all medical records released to ProTech Medical, LLC, as related to the justification for recommended medical equipment or services. Please acknowledge this request by accepting the patient's signature below.**

Patient/Legal Representative Signature: _____

Date: _____

If signed by legal representative, provide name and relationship below:

Legal Representative Printed Name: _____

Relationship to Patient (parent, legal guardian, etc.): _____