



Robinson Hospital for Animals
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MEDICAL RECORD RELEASE

I, _____, the owner or agent of _____
(print name) (pet's name)
request a copy and/or authorize the release of medical records.

Please indicate any or all of the following records to be released:

- Specify Dates of Treatment & Record Types:
 - All _____
(dates)
 - Medical Notes _____ Imaging _____ Laboratory Diagnostics _____
(dates) (dates) (dates)
 - Surgical Reports _____
(dates)
- Owner will pick up copy
- Call/Email owner when ready: _____
(preferred number or email)
- Mail records to the following:
 - Business/Individual Name: _____
 - Address: _____
 - Email or Fax: _____

Signature: _____ Date: _____
(Owner or Agent)

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Mailed: _____ Email/Fax: _____ Date: _____

Copy to EMR: _____

Staff Signature: _____ Record Release Date: _____