



Phone: 828-505-2664

Fax: 828-505-2560

[www.avorahealth.com](http://www.avorahealth.com)

---

1000 Centre Park Drive Asheville, NC 28805

### Medical Records Release Form

I, \_\_\_\_\_ authorize the release of my medical records or other health care information from AVORA, including intake forms, chart notes, reports, and other written information concerning my health and treatment during the period of \_\_\_\_\_ to \_\_\_\_\_; to the following medical clinic:

**Please send the medical records to:**

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Printed Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_