

LAURA SHELTON, N.D.  
EMILY SHARPE, N.D.  
1707 F Street  
Bellingham, WA 98225  
(360) 734-1560

Records Release Form

\_\_\_\_\_ Date

To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To Whom It May Concern:

Please forward a copy of the indicated medical records (only) to Dr. Laura Shelton/Dr. Emily Sharpe from the above listed practitioner. I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness, or psychiatric treatment. I give my specific authorization for these records to be released.

Thank you in advance for your prompt attention to this matter.

All Records

Summary of Treatment

Medical History/ Physical

Radiology Reports/ Films

Lab Test Reports

Other: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature (if relative, state relationship)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Birth date