



Release of Information Consent

Bureau County Family Health
526 S. Bureau Valley Parkway
Princeton, IL 61356
Telephone: 915-880-8596
Fax: 833-428-8205

Request for Release of Medical Records

Date:

Name:

Address:

City, State, Zip:

I hereby request my medical records (including provider notes, imaging/lab/ pathology results, operative reports) be released to:

Bureau County Family Health

Patient Name:

DOB:

Address:

City, State, Zip:

Patient Signature:

Date: _____