



Asheville Center For Chinese Medicine

70 Woodfin Place Suite West Wing Two 828.258.2777 Asheville, North Carolina
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Medical Records Release

To: _____

Phone: _____ E-mail: _____

Fax: _____

I, _____, hereby request that a copy of my Medical Records, including all laboratory and other diagnostic examination results, for the purpose of review be sent to:

Kath Bartlett, MS, LAc
Asheville Center for Chinese Medicine
70 Woodfin Place, Suite West Wing Two
Asheville, NC 28801

Please honor this request at your earliest convenience in order to allow for continuity in my medical treatments.

Patient Signature

Practitioner Signature

Date

Date

Patient's Date of Birth