

Olympus Clinic
4624 Holladay Blvd. SLC, Utah 84117
Phone (801) 277-2682 Fax (801) 277-2980
Patient Request for Medical Records or

Patient Name _____		Date _____	
Address _____		City _____	
Street _____		State _____	
Phone Number () _____		Social Security Number _____	

Medical Records

I request and authorize **Dr.** _____ to provide a copy of all medical records pertaining to the treatment and/or hospitalization of: _____

Patient's Name

From: _____ to _____
(Beginning Date) (Ending Date)

All dates

Lab and Test Results **ONLY**

Vaccine Records **ONLY**

Send Record To:

Patient Name _____ Date _____

Signature _____ Relationship _____