

Cura Integrative Health Care

Medical Records Release Form

Name: _____

Date of Birth: _____

Please Release my medical records from:

Provider: _____

Address: _____

Fax: _____

To: Cura Integrative Health Care
7000 W 121st Street
Suite 100
Leawood, Kansas 66209
Fax: 913.387.4849
Phone: 913.499.7053

Please release all records, including but not limited to, progress notes, operative notes, laboratory test results, diagnostic tests, and x-ray/MRI reports. I hereby authorize the release of my medical records as provided above.

Signed: _____

Date: _____