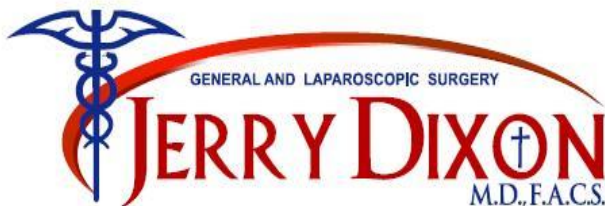


#3 Medical Park Dr., Suite 201
Benton, AR 72015
Phone: 501-778-3361
FAX: 501-778-3135



www.JerryDixonMD.com

REQUEST FOR RELEASE OF MEDICAL RECORDS

DATE: _____

TO: _____

PHONE #: _____ FAX #: _____

I HEREBY REQUEST THAT MY MEDICAL RECORDS BE RELEASED TO:

Jerry Dixon MD
3 Medical Park Dr., Suite 201
Benton, AR 72015
Phone: (501) 778-3361
Fax: (501) 778-3135

PATIENT'S NAME _____

DATE OF BIRTH _____ SSN _____

DATE OF VISIT/TESTING _____

COMMENTS _____

PATIENT'S SIGNATURE _____ Date _____