

Ouachita Family Medicine

10374 Hwy 165 North, Suite D

Sterlington, LA 71280

Phone: (318) 812-2304

Fax: (318) 812-2306

Medical Record Release

Attention Provider: _____

Address: _____

City/State/Address: _____

Fax Number: _____

Please be advised that _____ (patient) with a birth date of _____ gives permission to send all medical records that you have on file for this patient to:

**Ouachita Family Medicine
10374 Hwy 165 North, Suite D
Sterlington, LA 71280**

or fax the records to: **(318) 821-2306.**

We appreciate your cooperation. Thank You!

Patient/guardian

Date