

Center for Innovative Medicine
Karen Tan, ND, MAcOM, LAc.
1150 South King Street Suite 905 Honolulu HI 96813 (808) 591-8778

REQUEST FOR RELEASE OF RECORDS

Dr. _____

Phone: _____

Fax: _____

Please MAIL copies of all pertinent records listed below to Dr. Karen
Tan's office (address above):

ALL _____ X-Ray Reports _____ Blood Tests _____

Other _____

From _____ To _____

Patient's Name _____

Date of Birth _____

Signature _____ Date _____