

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 \_\_\_\_\_