



SNOHOMISH REGIONAL FIRE & RESCUE

## Patient Release of Medical Records

I (patient) \_\_\_\_\_ request and give my permission to release my Medical Records for the time period dating from \_\_\_\_\_ to \_\_\_\_\_ from the following:

Snohomish Snohomish Regional Fire & Rescue  
163 Village Court  
Monroe, WA 98272  
360-794-7666

The Medical Records as listed above are to be released to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Comments \_\_\_\_\_

**If faxing or mailing the Release of Medical Records Form to Snohomish Regional Fire & Rescue, include a copy of a photo ID such as a State issued Driver's License, State Issued ID Card, or Passport. Otherwise please bring photo ID with you.**

Type of ID Presented

ID#

\_\_\_\_\_

\_\_\_\_\_

Printed Patient Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

Patient's Signature

Today's Date

\_\_\_\_\_

\_\_\_\_\_