

Request for Records for Dr. Shawnte Yates, ND, LAc

Patient's Name:

Address: Street:

 City: State: Zip:

Date of Birth: Social Security #:

Telephone Number:

**Requesting Records of Doctor:**

Doctor's Name:

Address: Street:

 City: State: Zip:

**Please release the following records:**

Health Records X-Ray Reports X-Rays Lab Results

Other:

Requested by: Essential Family Medicine Attn Shawnte Yates, LAc

 1110 SE Alder St, Suite 201

 Portland, OR 97214

 (503) 477-5051

**Patient's Signature:**

Date Requested: