

PERLIS WELLNESS CENTER

81 E. Scranton Ave
Lake Bluff, IL 60044
Phone (847)295-5997
Fax (847)295-6340

Medical Release Consent Form

Patient Name: _____ DOB _____

Release From

Release To

Dr Cheryl Perlis/Perlis Wellness Center

(Practice/Doctor Name)

81 E. Scranton Ave

(Address)

Lake Bluff IL., 60044

(City /State/Zip Code)

Phone:847-295-5997 Fax: 847-295-6340

(Self/Practice/Doctor Name)

(Address)

(City /State/Zip Code)

Phone:_____ Fax#:_____

Would you like your records: faxed _____ mailed _____ to be picked up _____

Entire Medical Records _____ Pathology Labs from _____ Other _____

There is normally a 1 (one) week turnaround for records, however if you need them by a specific date, Perlis Wellness Center will do their best to meet your needs.

Reason for Requesting Records

Moving _____ Insurance Conflict _____ 2nd Opinion _____ Other _____

(Patient's Signature)

(Date)

Please Note: There is a charge of \$25.00 to release records from the office of Perlis Wellness Center. Please call the office if you have questions regarding the applicable fee. Perlis Wellness Center follows the Medical Record Copy Fee Schedule, as indicated under 735 ILCS 5/8-2006 by the Office of the Illinois Comptroller. Please indicate which method of payment you prefer to use: Check _____ Cash _____ Credit Card _____
Expiration _____ Signature _____