



Please complete the Sleep Institute of New England’s medical records release authorization form below and return with payment to

Sleep Institute of New England P.O. Box 343 Kingston, NH 03848-3117

Completion of this form with payment is required to obtain your medical records. Once received, your medical records will be retrieved, processed, and forwarded.

Sincerely,
Medical Record Processing Service

Patient's name: _____

SSN: _____ - _____ - _____

Date of birth: _____

Address: _____

Telephone number: _____ Email: _____

Release my records from: Sleep Institute of New England P.O. Box 343 Kingston NH 03848-3117

Release my records to: _____

Phone _____ FAX _____

Reason for request: _____ Sleep Institute of New England closure

There is a \$15.00 charge for record release payable by cashier’s check, personal check, or money order. Please make payable to the Sleep Institute of New England.

(Personal checks must clear before records are processed and release.)

Check enclosed

Please release medical records, including progress notes, pulmonary tests, and sleep studies.

Patient's Signature

Date