



TRILLIUM

Integrative Medicine

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Release of Records TO Trillium FROM and OUTSIDE doctor/clinic.

This release must be completed or it cannot be used to receive information from outside entities. Please make sure to complete each line. ALL RECORDS CAN TAKE UP TO 3 WEEKS TO RECEIVE DEPENDING ON THE ENTITY. If you have more than one clinic/person you would like us to receive records from please send an e-mail request for another release in CHARM.

Patient Name: _____

Patient Date of Birth: _____ Patient Address: _____

Patient Phone Number: _____

Name of Clinic/Doctor Releasing TO Trillium: _____

Address of Releasing Clinic/Doctor : _____

Phone of Releasing Clinic/Doctor: _____

Fax of Releasing Clinic/Doctor: _____

I hereby authorize the releasing clinic/doctor to release the following information during the period of
(beginning date:) _____ **Ending date:** _____

- Release progress notes
- Release Laboratory Reports
- Release Surgical notes
- Release Radiology Notes
- Release any information. Including diagnosis and records of any treatment or examination given

Patient Signature: _____

Today's Date: _____