

# Wright Health & Wellness Center

R. Jeff Wright, D.O.  
Laurie Isenberg, PA-C

## RELEASE FOR RECORDS

**Please send my records to:**

Wright Health & Wellness Center  
5050 East Kenosha  
Broken Arrow, OK 74014  
918-355-9492  
918-355-9250 FAX

Today's Date: \_\_\_\_\_

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

(Please Print)

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Physician: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send:

- All Records
- Progress Notes
- History and Physicals
- Lab reports
- X Ray reports
- EKG's
- Physical Therapy reports
- Other \_\_\_\_\_

**"The information authorized for release may include records which may include the presence of a communicable or noncommunicable disease. These diseases may include, but are not limited to, hepatitis, syphilis, gonorrhea, and HIV (human immunodeficiency virus) also known as AIDS (acquired immunodeficiency syndrome)."**