Pindoctor, LLC
Mats Sexton, L.Ac.

Medical Records Release Form

Client Name: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

I authorize: Pindoctor, LLC
Mats Sexton, L.Ac. (MN Acu. Lic. #1171)
3511 West 44th Street Minneapolis, MN 55410
952-922-2141 (phone; no fax available) mats@pindoctor.com

☐ To release information to...

OR (Check box or boxes as needed)

☐ To obtain information from...

Practitioner Name: _____ Organization: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Records Requested:

By signing below I attest that I have legal right to the release of these records.

Print name of Client

Date

Client Signature/Authorized Representative

Relationship to Client