

**NOLENSVILLE FAMILY MEDICINE  
JOHN R. THOMPSON, M.D.**

**940 OLDHAM DRIVE  
NOLENSVILLE, TN 37135  
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**RELEASE OF MEDICAL INFORMATION**

We are pleased to serve you with your request for copies of medical records. Please provide us with the following information to forward your records. Thank you.

Patient Name: \_\_\_\_\_  
(Please Print Clearly)

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

Name of Physician you are sending the records to :

\_\_\_\_\_

Address records are being forwarded to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number where records are being forwarded to: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Patient Date

\_\_\_\_\_  
Signature of the Guardian (Relationship to the patient) Date

**Note:** Records will only be mailed to another provider via the United States Postal Service; the records will not be faxed. We will mail your records to another provider once at no charge. **Additional records will incur a fee of \$25.00 for the first 40 pages and then .25c for any additional pages.** If you want records for yourself or any other reason you will incur the same charge as stated above. Regulation 45CFR 164.525©(4). Thank you.