



MILLENNIUM HEALTH & WELLNESS

Brian R Hesser, DC-APC, CFNP
Advanced Practice Chiropractic Physician
Certified Family Nurse Practitioner

Jonathan Smith, DC
Chiropractic Physician

Greg Noel, PT, MS, OMT
Physical Therapist

Joseph Dizon, DPT
Physical Therapist

Monty Barry, PT, dip MDT
Physical Therapist

3850 E. Lohman Ste. 100 • Las Cruces, NM 88011 • (575) 521-0793 • Fax (575) 532-1607

Record Release Authorization

FROM: Doctor/Hospital (one form per facility/doctor)

Address _____

Phone/Fax _____

By signing this Medical Request, I hereby authorize the release of my

Most Recent Visit Note & Most Recent Imaging Report (within the last 12 Months)

If needing any specific records please indicate below

Other: _____

** Note: if these records contain any information from previous providers or information about HIV/AIDS status, cancer diagnosis, drug/alcohol abuse, mental health, or sexually transmitted disease, you are hereby authorizing disclosure of this information.

I hereby authorize and request the release of my medical records to:

**Millennium Health & Wellness
3850 E. Lohman Ave. Ste. 100
Las Cruces, NM 88011
(575) 521-0793 phone
(575) 532-1607 fax**

Thank you in advance for your cooperation

Patient's Signature/Signature of Parent/Guardian (if a minor)

Todays Date

Patient's Name (Please Print)

DOB

SSN# (at least the last 4 digits)

Witness to the above Signatures

Witness Name (Please Print)

Initials of person sending Request

Date of when Release was sent