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MEDICAL RELEASE FORM

Patient: Please submit this form to your treating physician.

Dear Dr. _____

I have made an appointment to see Maximilian Muenke, M.D. for acupuncture treatments for _____. Please release the following information (see below) to Dr. Muenke on my medical condition. Please include copies of pertinent lab/x-ray reports.

_____ _____ _____
Patient's name (please print) Patient's signature Date

Dear Doctor

Your patient has made an appointment to see me for evaluation for acupuncture treatment, based on the above mentioned complaint. Please be as specific as possible in providing me with the following information. Please feel free to call me should you have ant questions.

Diagnosis: _____
_____

Pertinent Lab / X-ray findings: _____
_____

_____ _____ _____
Physician's name (please print) Physician's signature Date

_____ _____
Address and phone number UPIN number

Please mail this form to Maximilian Muenke, M.D. at the above address. Thank you.