

Richard Duplantis MD, DC, MA  
816A Harding St  
Lafayette, LA 70503  
Ph: (337)350-0225

**Medical Records Release**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name(if other than patient) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Records are to be sent to Richard Duplantis MD, DC, MA from:**

Physician's Office/Clinic/Hospital \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Records are to be sent to:**

Richard Duplantis MD, DC, MA  
816A Harding Street  
Lafayette, LA 70503  
**OR FAX TO : 337-628-1287\***

**\*Note that this FAX number is not set up to receive electronic health records. Please FAX manually.**

Please send the following:

\_\_\_\_\_  
\_\_\_\_\_

**Authorization:** *I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results, or AIDS information. I have read the above and authorize the disclosure of the protected health information as needed.*

\_\_\_\_\_  
**Signature of Patient/Patient's Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Patient's Representative**

\_\_\_\_\_  
**Relationship to Patient**