

Todd J. Stone D.C.  
TRUE HEALTH Wellness Center  
900 Hendersonville Road, Suite 307; Asheville, NC  
28803

## Request for Records

Patient's Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

### Requesting Records of Doctor:

Doctor's Name: \_\_\_\_\_ Fax # \_\_\_\_\_ Ph# \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Please release the following records:

Imaging Reports

Lab Results

Other: \_\_\_\_\_

Requested by: Dr. Todd J. Stone  
TRUE HEALTH Wellness Center  
900 Hendersonville Road, Suite 307  
Asheville, NC 28803

Patient's Signature: \_\_\_\_\_

Date Requested: \_\_\_\_\_

**PLEASE MAIL OR FAX TO: (828) 277-1415**