

**Joseph R. Leith, M.D.
Bellefonte Centre
1000 Ashland Drive
Suite 103
Ashland, KY 41101**

Phone: 606-324-0097 Fax: 606-324-0126

Request for Release of Medical Records

From: Joseph R. Leith, M.D.
1000 Ashland Drive
Suite 103
Ashland, KY 41101

I hereby request that my medical records be released to:

Physician's or Patient's Name

Address

City, State, Zip

Patient's Signature

Date

Witness