William Lyden, D.C.,
D.A.C.B.N., D.A.B.C.I.
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Diplomates in Nutrition - Board Certified 1989, 2009
Diplomate in Internal Disorders - Board Certified 1990

MICHIANA
WELLNESS & LONGEVITY CLINIC

605 W. Edison Rd., Suite G
Mishawaka, IN 46545-8823
PHONE: 574-258-4444 FAX: 574-258-4445
Email: MWLC@sbcglobal.net
Web: www.MichianaWellness.com

PATIENT REQUEST FOR RECORDS

To: Doctor ______________________________

Clinic/Hospital ______________________________

Address ______________________________

City,State,Zip ______________________________

I hereby authorize the release of my following records:

☐Dates of Records from __/__/__ to __/__/__ (send all if dates are left blank)
☐X-Rays (please send films or copies, and report)
☐CT scans
☐MRI
☐Laboratory results:
- ☐Blood chemistries
- ☐CBC with Differential
- ☐Urinalysis
- ☐Urinary Indican
- ☐Other ______________________________

☐Diagnosis ______________________________
☐Treatments rendered ______________________________
____
☐Office notes ______________________________
☐Other ______________________________

I request these records be transferred to:

Dr. William Lyden or ______________________________

Michiana Wellness & Longevity Clinic
605 W. Edison Road, Suite G
Mishawaka, IN 46545

Patient Name (Print) ______________________________

Patient Signature ______________________________

Date of Signature __/__/____ Date of Birth __/__/____