



Daavlin
PO Box 626
Bryan, Ohio 43506
Fax: 419-636-7916
info@daavlin.com
www.daavlin.com

Request for Release of Medical Records

Print Patient Name: _____

Date of Birth: _____

I authorize _____ to release the medical records and/or chart notes (no more than 10 pages required) in support of the purchase of a home phototherapy unit for the above referenced patient.

TO:

Daavlin
PO Box 626
Bryan, Ohio 43506
Phone: 800-322-8546
Fax: 419-636-7916

_____ 5 – 10 Pages of Recent Chart Notes Showing Past Tried and Failed Therapies

Signature of Patient (or Patient's Legal Guardian)

Date