Tom's Tonics-A Modern Apothecary, LLC
Dr. Thomas J. Francescott
Naturopathic Health Care

MEDICAL RECORDS REQUEST

Please fill-in the name of the physician, hospital, or clinic you are requesting info from:

To: Name _____

Street _____

City/Zip _____

Fax _____

Re: Pt. Name _____

DOB _____

The above patient is under the care of Dr. Thomas J. Francescott,ND. Please forward the following information as soon as possible:

(PLEASE FAX TO 845-876-5559)

___ Laboratory work

___ X-rays, CT scans, MRI, any other imaging studies

___ Other_____

For Time period: _____

I hereby authorize _____(see above) to furnish the above requested information contained in my medical record to Tom's Tonics-A Modern Apothecary.

Signature: _____ Date: _____

Tom's Tonics-A Modern Apothecary
6384 Mill Street Rhinebeck, NY 12572
Phone: 845-876-5556 Fax: 845-876-5559 web: www.drfrancescott.com