

# Fenske Holistic Healthcare Center

**Dr. Nicole Fenske**  
Functional Medicine  
7702 Terrace Ave., Ste 2  
Middleton, WI 53562  
Phone: 608 836-8883  
Fax: 608 836-8863  
E-mail: Info@DrFenske.com

**PATIENTS, PLEASE RETURN THIS  
COMPLETED FORM TO DR FENSKE'S OFFICE  
WITHIN TWO DAYS OF SCHEDULING YOUR  
INITIAL APPOINTMENT!**

## Request for Records

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

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

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

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### Requesting Records of Doctor:

Doctor's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Please release the following records:

Health Records       X-Ray Reports       Lab Results

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

Federal and state laws require special permission to release certain information. Please check if these records should be released:

Mental Health     Alcohol / Drug Abuse     HIV/AIDS Test Results     Developmental Disabilities

Please include dates of service from \_\_\_\_\_ to present  
(if no date specified please send records from previous two years based on date below).

Requested by: Fenske Holistic Healthcare Center  
7702 Terrace Ave., Ste 2  
Middleton, WI 53562  
Attn. Dr. Fenske  
**FAX 608 836-8863**

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

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