

# Fenske Holistic Healthcare Center LLC

Dr. Nicole Fenske  
Functional Medicine  
7702 Terrace Ave., Ste 2  
Middleton, WI 53562  
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**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:

Lab Results

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 LLC  
7702 Terrace Ave., Ste 2  
Middleton, WI 53562  
Attn. Dr. Fenske  
**FAX 608 836-8863**

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

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