



# DR. KARA FITZGERALD FUNCTIONAL MEDICINE

27 glen road, 4th floor, sandy hook, ct 06482  
203.304.9502 fax 203.304.9503 kf@drkarafitzgerald.com

www.drkarafitzgerald.com

## MEDICAL RECORD RELEASE

I, \_\_\_\_\_ authorize you to release  
\_\_\_\_\_ 1: medical records \_\_\_\_\_ 2: laboratory results \_\_\_\_\_ 3: Imaging reports  
to Kara N. Fitzgerald and her staff. Please forward my chart/labs/imaging in this  
date range \_\_\_\_\_ to the following address and fax number:

Kara N. Fitzgerald, ND

27 Glen Road

4<sup>th</sup> Floor

Sandy Hook, CT 06482

Phone: (203) 304-9502

Fax: (203) 304-9503

\_\_\_\_\_  
Patient Signature

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

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent or Guardian Signature (if patient is under the age of 18)