

UW Medicine

NORTHWEST HOSPITAL & MEDICAL CENTER

1550 North 115th Street
P.O. Box 330333
Seattle, WA 98133-9733

RELEASE OF MEDICAL INFORMATION

ATTENTION: _____

I hereby request and authorize you to release medical records in your possession concerning my immunization history:

All Immunization Records

TO:
Northwest Hospital
Employee Health Services
1550 N. 115th St
Seattle, WA 98133
Phone: (206) 368-1820
Fax: (206) 368-5911

Patient/Employee Name: _____

Date of Birth: _____ SSN (optional): _____

Address: _____

Phone: _____

Signature of Patient/Employee: _____

Date: _____