WILLIAM J. MORRIS, M.D., INC.

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110 North Galway Drive
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Phone: 740-587-4300
Fax: 740-587-4306

To facilitate continuity of care we are recommend one of the following facilities:

_____ The Ohio State University/Wexner Medical Center, Division of Gastroenterology (Phone 614-293-6255 for main campus; 614-814-8100 for the New Albany Location on 161)

_____ Licking Memorial Hospital, Division of Gastroenterology

(phone: 220-564-2950)

If you would like to have your records transferred to one of these facilities, simply initial beside your choice above and sign the records release below. Please be sure to include your name, date of signature, date of birth, and the last 4 numbers of your Social Security Number. If you wish to use a different physician or facility, please complete the entire bottom portion of this form.

You may mail this form back to our office at the address listed below; fax to 740-587-4306; or email to drmorris@drmorris.org. We will do our best complete the transfer within 14 days of receiving the signed release form.

I, _____(print name) request that a copy of my medical records be released to:

PHYSICIAN NAME_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____

PATIENT SIGNATURE_____ DATE____/_____/_____

BIRTHDATE_____/_____/_____ SOCIAL SECURITY NUMBER_____-_____-_____

PLEASE RETURN THIS FORM TO THE LETTERHEAD ADDRESS ABOVE EITHER BY MAIL OR FAX OR SCAN TO EMAIL DRMORRIS@DRMORRIS.ORG

THANKS WILLIAM J MORRIS,MD AND STAFF!