



Acupuncture and Herbal Medicine Healthcare  
 37 Brians Circle, Princeton Jct. NJ 08550  
 Telephone: (609) 759-0212  
 email: [info@acuherbmedicine.com](mailto:info@acuherbmedicine.com)  
<http://www.acuherbmedicine.com>

Employee Medical Records Release Form

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, hereby request that a copy of my Medical Records, including all laboratory and other diagnostic examination results, for the purpose of review to be released to:

Lei-Lei C. Wang MSTOM, L. Ac.  
 Acupuncture and Herbal Medicine Healthcare  
 37 Brians Circle, Princeton Jct. NJ 08550  
 Telephone: (609) 937-0725 Fax: (509) 275-0684

Please honor this request at your earliest convenience to allow for continuity of my medical treatments.

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

\_\_\_\_\_  
 Practitioner signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Patient's Date of Birth