



**PATIENT REQUEST  
FOR PROGRESS NOTES FORWARDING**

In an effort to work in cooperation with any of your other Health Care Providers, Chicago Wellness Center is willing to forward the doctor's progress notes to anyone you would like. Note that this information can be requested from CWC as needed.

Please list your medical doctor(s) with corresponding address here:

Name: \_\_\_\_\_  
Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

This information is being requested for:

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ on \_\_\_\_\_ (date)