



A WOMAN'S PLACE

AUTHORIZATION TO RELEASE CONFIDENTIAL MEDICAL INFORMATION

Please read and complete thoroughly. Return by Fax to 239-449-2444. Medical records cannot be released/obtained until this form is completed and signed by the patient or legal guardian. May take up to 30 days to process. For printed records, an administrative fee may be charged. Please ask office staff.

Form with 4 numbered sections: 1. Patient information (Name, Date of Birth, Maiden Name, Social Security Number, Address, Phone Number, Return status); 2. Authorization (I hereby authorize... Obtain from, Release to, Facility/Physician name/address, Telephone/Fax/Attention); 3. Medical information release (Last Year, Last 3 Years, Entire medical history, Physical exams, Pap results, Hospital records, Blood work, X-Ray/mammogram/ultrasound reports, Other); 4. Understanding and Signature (I understand this authorization is subject to revocation... Date, Signature of patient, Signature of legal guardian or parent of patient under 18, Relationship to patient).

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