

Azalea City Physicians for Women, P.C
3715 Dauphin Street, Suite 2A
Mobile, Alabama 36608
251-344-5265 telephone
251-344-5321 fax

RELEASE OF MEDICAL INFORMATION

Patient Name: _____

SSN: _____ DOB: _____ Chart: _____

Please release a copy of the following records:

____ All medical records ____ Lab Reports ____ Pathology Reports
____ History and Physical ____ X-Ray Reports ____ ER Reports
____ Prenatal/GYN Reports ____ Discharge Summary ____ Mammogram
____ Other _____

RELEASE STATEMENT

I hereby authorize _____ located at

_____ to release my health records and medical information to Azalea City

Physicians for Women located at 3715 Dauphin St Ste 2A, Mobile, AL 36608.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____