

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 Azalea City Physicians for Women located at 3715 Dauphin St Ste 2A
Mobile, AL 36608 to release my health records and medical information to
_____ located at _____.

Charges for Medical Records

\$1.00 per page first 25 pages

\$0.50 per page thereafter

\$5.00 processing fee

****Must be paid before records are released****

Copies of medical records will be completed within 14 business days. If your chart has been sent to an off site storage facility, you will have a \$5.00 retrieval fee in addition to records charge. This authorization expires 6 months from signature date.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____