



www.PWHealthcare.com  
Phone: 910-897-7711

### MEDICAL RECORDS RELEASE

**COMPLETE ALL SECTIONS**

**PLEASE PRINT**

\_\_\_\_\_  
FULL NAME OF PATIENT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY #

hereby consent and authorize:

**Professional Women's Healthcare, P.A.**

103 Hunt Drive

Dunn, NC 28334

to release my Professional Women's Healthcare medical records to include:

Records from the last 3 years

\*\*\* Other \_\_\_\_\_

Records from the last 5 years

Current Prenatal records only

**TO:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Fax #

I give my approval for my records to be:

MAILED (\$4.00 prepaid postage fee)

FAXED (\$4.00 charge if faxed long distance)

Picked up by me or person appointed by me, as listed \_\_\_\_\_

#### PROCESSING FEES

\* FIRST 20 PAGES, NO CHARGE.

\* \$0.50 FOR EVERY PAGE OVER 20.

\* OUTSTANDING BALANCE - \$0.50 EVERY PAGE.

\* \$4.00 FEE WILL BE APPLIED IF FAXED LONG DISTANCE.

\*\* WILL PROCESS RECORDS WHEN PAYMENT IS RECEIVED.

**X**

\_\_\_\_\_  
Signature of patient or authorized representative. (REQUIRED)

\_\_\_\_\_  
Date (REQUIRED)

- If signed by person other than the patient, state relationship to patient and reason patient is unable to sign
- Release valid for 6 months from above date.

**By law, we can only copy and release records from this practice.**

**Records from other doctors must be obtained from their offices, even if we have a copy.**