

WOMEN'S CARE CENTER
9332 State Rd 54 Ste 202
Trinity, Fl 34655
Phone 727-849-1659
Fax 727-842-3627
Dr. Robert Smith

REQUEST FOR RELEASE OF MEDICAL RECORDS

Patient's Name (please print)

Date

Patient's Signature

Patient's Date of Birth

I request that my records be released from:

: _____

Fax No. _____

(Name and address of person or Office where records are to be obtained from)

Specific information to be released _____ Radiology reports ___ Labs ___ Last Office
Visit _____ All Records _____ Other

I request that my records be released to:

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9332 State Rd 54 Ste 202
Trinity, Fla. 34655 Fax—727-842-3627
