

HealthCare for Women, LLC
2376 North 400 East, Ste. 204
Tooele, Utah 84074
Phone: 435-882-1431
Fax: 435-882-1431

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

PATIENT'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

PHONE: _____

PLEASE STATE WHICH PORTION OF THE RECORDS TO TRANSFER:

NAME OF DOCTOR OR MEDICAL FACILITY:

PLEASE RELEASE RECORDS TO:

HealthCare for Women, LLC
2376 North 400 East, Ste. 204
Tooele, Utah 84074
Phone: 435-882-1433
Fax: 435-882-1431

DATED THIS _____ DAY OF _____, 20____

SIGNED: _____

RELATIONSHIP: _____