

ADVANCED OB/GYN and SLO CITY MIDWIVES

PATRICK J. SPALDING, MD
ELENA ASELTINE, NP
MEGAN BURGERS, CNM
JULIE KEAN, CNM

MEDICAL RECORDS RELEASE

TODAY'S DATE _____

PATIENT'S NAME _____

DATE OF BIRTH _____ **SSN** _____

DATE NEEDED BY _____

I HEARBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS FROM:
(MY PREVIOUS HEALTHCARE PROVIDER)

TO THE OFFICE OF:

**ADVANCED OB/GYN
2 JAMES WAY, SUITE 106
PISMO BEACH, CA 93449
PHONE (805) 773-3060 FAX (805) 269-0026**

____ **ALL RECORDS**
____ **LAB RESULTS ONLY**
____ **RADIOLOGY / XRAY RESULTS ONLY**
____ **HOSPITAL / SURGERY REPORTS ONLY**
____ **OTHER RECORDS** _____

AUTHORIZING SIGNATURE

DATE
