BECKY J. SMITH, DO
Obstetrics and Gynecology
15959 Hall Road, Suite 206 ∞ Macomb, MI 48044
Phone: 586-566-9300 ∞ Fax: 586-540-1477

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name:

Date of Birth:

RELEASE Medical Records to:
Becky J. Smith, DO

OBTAIN Medical Records From:

_____

_____

_____

Please indicate what specifically is to be released:
☒ **Entire Chart** ☐ Mammogram/Radiology Report ☐ Labs/Pathology ☐ Pap Smear

☐ Other: _____

Reason for this release is ☒ Continuing Care ☐ Other: _____

Please be aware that the medical information released consists of all records; including progress notes, radiology reports, labs, HIV and other confidential tests unless otherwise indicated here in writing.

_____

I understand that there is no charge when records are mailed to a medical provider for continued care. I also understand that there is a charge when records are mailed to any other party than a medical provider.

_____ _____
Signature of Patient Date

Witnessed by: _____