

Fax Records Release

Beach Cities Midwifery & Women's Health Care

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Corona, CA 90807

Phone: 951-547-4208

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To: _____ **From:** _____
Fax: _____ **Date:** _____
Phone: _____ **Pages:** _____
Re: Records Release **CC:** _____

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Patient Name _____

SSN: _____ DOB: _____

I hereby authorize you to release to:

ALL RECORDS for prenatal care, laboratory results and ultrasounds pertaining to pregnancy, including physical exam, Pap smear and HIV testing, if performed.

Patient Signature

Witness

Patient Address

Date

Patient Phone