

23141 Moulton Parkway, Suite 108
Laguna Hills, CA 92637
Office - 949-215-7575
Fax – 949-215-5757

**Beach Cities
Midwifery and
Women's Health Care**

Fax

To: _____ **From:** _____
Fax: _____ **Phone:** _____
Date: _____ **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
