

Harmony Women's Health

851 Fremont Ave., Suite 104
Los Altos, CA 94024
(650) 229-1010

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

PATIENT INFORMATION (Please print):

Name: _____ Date of Birth: _____

Social Security Number: _____ Approximate date of last visit: _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

PLEASE RELEASE THE FOLLOWING:

- | | |
|--|--|
| <input type="checkbox"/> Problem list | <input type="checkbox"/> X-ray reports |
| <input type="checkbox"/> Progress notes | <input type="checkbox"/> EKG reports |
| <input type="checkbox"/> History/Physical exam | <input type="checkbox"/> Other testing |
| <input type="checkbox"/> Lab reports | |

PURPOSE OF REQUEST: Continued patient care

PLEASE SEND THE RECORDS TO:

Deborah A. Metzger, Ph.D., MD
Harmony Women's Health
851 Fremont Ave., Suite 104
Los Altos, CA 94024
Phone (650) 229-1010
FAX (650) 229-1011

BY MY SIGNATURE, I AUTHORIZE RELEASE OF MY MEDICAL RECORDS

Patient Signature: _____ Date: _____