

Winchester Women's Specialists, P.C.  
1870 Amherst Street, Suite 2E  
Winchester, VA 22601  
PHONE: (540) 667-4546  
FAX: (540) 667-6893

MEDICAL RECORD RELEASE

TODAY'S  
DATE \_\_\_\_\_

PATIENT'S  
NAME \_\_\_\_\_

DATE OF  
BIRTH \_\_\_\_\_

SOCIAL SECURITY  
NUMBER \_\_\_\_\_

I, \_\_\_\_\_, give  
permission for my

Medical records to be released from Winchester Women's  
Specialists, P.C. to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient' Signature

\*\$35.00 CHARGE APPLICABLE