

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 my
permission for my medical records to be released from the
following address:

Physician Name/Hospital
Address of where records
are requested from _____

PHONE# _____

FAX# _____

Patient's signature

*Please send only last 2 years
of GYN/OB visits, paps, labs

*Please send all surgeries, pathology reports, problems and
delivery summaries.

*Please mail any records over 20 pages.