

PARKWEST WOMEN'S SPECIALISTS

9314 Park West Blvd., Suite 100, Knoxville, TN 37923

Phone 865-690-7677

General Correspondence - Fax 865-690-7627

MEDICAL RECORDS - FAX 865-246-6815

Authorization to Release Medical Records

Physician Providing Records: _____

Patient's Name: _____

Date Of Birth: _____

Social Security #: _____

Please forward ALL medical records at your facility, with the exception of:

- Substance abuse, if any _____
- AIDS/HIV, if any _____
- Psychological condition _____
- Psychiatric condition _____

FORWARD RECORDS TO:

Patient Name (Print)

Patient Signature

Date

I understand that I may revoke this authorization at any time,
And that a copy of this authorization is as effective as the original.

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