

GENERAL SURGERY

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URQUHART STEWART

PLASTIC SURGERY • MEDI-SPA & LASER CENTER

PLASTIC SURGERY

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The Surgical Clinic of Anniston, PA
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General Surgery - Phone: 256-237-1624 Fax: 256-241-2277
Plastic Surgery - Phone: 256-237-1625 Fax: 256-241-5400

Medical Records Release

Date: _____ Date of Birth: _____ SSN: _____

Patient Name: _____ Maiden Name: _____

Request for Medical Purposes

I hereby request that _____
Physician or Facility Name

release the requested information to _____
Physician or Facility Name

Complete Record Records dated _____ to _____
Most Recent Mammogram Gallbladder Studies
Recent labs
Specific Records as Listed: _____

I hereby request that a complete copy of my medical records be released to:

Physician or Facility Name

Request for Patient Convenience (\$10.00 Charge)

Medical Record / FMLA / Insurance Fax / Mail / Pick up _____
Fax # or address

This information about you is protected under federal law and you have the right to revoke this authorization in writing. Please be advised, however, that any revocation will be effective only to the extent we have not already taken action in reliance on your authorization. By signing below, you recognize that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected under federal law. We will not condition treatment based on your authorization. You may refuse to sign the authorization.

Patient Signature or Personal Representative

Date

ID verified by: _____

This Authorization is valid until:
