WOMEN'S & FAMILY HEALTH SPECIALISTS

- Obstetrics
- Gynecology
- Family Medicine

1412 SW 43rd Street, Suite 200
Renton, Washington 98057
Telephone 425.271.4910
Fax 425.264.1041

Release of Medical Information

Chart Label _____
Patient Name/DOB

I hereby give my written permission to Dr. _____ & Women's & Family Health Specialists, to release medical information regarding myself to:

_____ , _____ , _____ .

This authorization is valid one year from the date of signature. I understand that I can revoke this authorization at any time.

_____	_____
Patient Signature	Date
_____	_____
Patient Signature	Date
_____	_____
Patient Signature	Date
_____	_____
Patient Signature	Date
_____	_____
Patient Signature	Date
_____	_____
Patient Signature	Date
_____	_____
Patient Signature	Date