Woman Care OB/GYN

Dr. Lourice David
Dr.Katherine Betcher
Katherine Rasmussen, WHNP

Payment:There may be fees associated with most record requests.
Payment must be received before records can be released.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

_____
Patient Name Maiden Name Date of Birth

_____
Address City State Zip

_____
Phone

I authorize Woman Care OB/GYN to:

_____ Release my records to _____
_____

_____ Release my records from _____
_____

_____
Address City State Zip

_____ _____
Phone Fax

Appointment has been scheduled on _____ Appointment Pending _____

Reason for Release _____
_____ I am transferring care
_____ I AM NOT transferring care

Please check ALL that apply:

_____ Office Notes _____ Lab _____ Immunizations
_____ Imaging & Diagnostics _____ Op Notes _____ Other _____
_____ Progress Notes _____ ALL

Please specify Exact Date Range _____

_____ _____
Signature of Patient or Legal Representative Date

_____ _____
Signature of Witness Date

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