

OB/GYN CARE GROUP

301 S. Maitland Ave. Suite A

Maitland, Florida 32751

(407) 644-9730 • Fax (407) 645-4799

Records Release Authorization

To: _____

Fee to Copy Chart

\$1.00 per page up to 25 pages

Over 25 pages, \$.25 per page

I HEREBY AUTHORIZE AND REQUEST
RELEASE OF THE FOLLOWING:

A record release must be signed and
payment received before chart will be
copied. Allow 5 business days notice.

___ A courtesy copy of the most recent doctor notes, laboratory
work or scans.

___ Complete chart including reports from x-rays, laboratory,
scans and medications.

___ Highly sensitive material concerning psychiatry evaluations,
HIV and substance abuse.

___ Other: _____

Patients Name: _____ Patient ID# _____

Address: _____ SS# _____

Signature: _____ DOB: _____

Witness: _____ Date: _____