The Women's Wellness Center
Terrence W. Harris, MD, FACOG • Gail Pezzullo-Burgs, MD, FACOG
Patricia Chen, MD, FACOG

2500 N. Military Trail, Suite 111 • Boca Raton, FL 33431
Phone: (561) 826-3800 • Fax: (561) 826-3744

Medical Record Release

Date: _____

Please release a copy of my medical records from:

Doctor or Facility: _____
Address: _____
_____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

I authorize you to provide a copy of my medical records to:

Doctor or Facility: _____
Address: _____
_____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

Please release the following records:

☐ **All Records Available**
- ☐ Include all Sexually Transmitted Disease test results, psychiatric evaluations, and drug/alcohol abuse records
- ☐ Do not send STD results, psychiatric evaluations, or drug/alcohol abuse records

☐ **All Records between the following dates:** _____ **and** _____

☐ **The following specific records:** _____
_____
_____
_____

_____ _____
Print Name **Date of Birth**

_____
Signature