

BRIGHAM UROGYNECOLOGY GROUP

BRIGHAM & WOMEN’S HOSPITAL

Tel: 617-732-4838

Fax: 617-732-6116

AUTHORIZATION AND REQUEST FOR
RELEASE OF MEDICAL RECORDS

PATIENT’S NAME: _____
(LAST NAME) (FIRST NAME) (MAIDEN NAME)

MEDICAL RECORD NUMBER: _____ DOB: _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

REQUESTING FROM: *(please include institution name, address and record number, if known.)*

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I HEREBY GIVE MY AUTHORIZATION TO RELEASE ANY AND ALL PREVIOUS MEDICAL RECORDS
THAT YOU HAVE TO: *(please include institution name, address and record number, if known.)*

- 1) _____
- 2) _____
- 3) _____
- 4) _____

SIGNED: _____ DATE: _____

WITNESS: _____ TITLE: _____

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I HEREBY GIVE MY AUTHORIZATION TO RELEASE ANY AND ALL PREVIOUS MEDICAL RECORDS THAT YOU HAVE TO:

VATCHE A. MINASSIAN, MD, MPH
ABRAHAM "NICK" MORSE, MD, MBA
LUCY GRAVES, N.P.
Brigham Urogynecology Group
Brigham & Women's Hospital
500 BROOKLINE AVE SUITE E 1ST Floor
Boston, MA 02115
Tel: 617-732-4838
Fax: 617-732-6116

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(UPDATED: 5/21/12)

BRIGHAM UROGYNECOLOGY GROUP

At: Brigham Women's Hospital

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Fax: 617-732-6116

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