

## **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

RECORDS TO:	NameAddress	
	Phone	
	City	StateZip
RECORDS FROM:	Westside Women's Care 7950 Kipling Street, Suite 201 Arvada, CO 80005	Phone: 303.424.6466 Fax: 303.420.8944
	se-related information and information r	ontain confidential HIV/AIDS related information, confidential elating to mental health and/or alcohol/drug use. Please
Prenatal/Obstetrical Records		Operative/Pathology Reports
Lab Reports		Gynecological Records
Other (specify below)		Records Generated at WWC (Last three years of pertinent medical records)
PRINT Patient's Nam	e	
Patient's Date of Birth		Patient's Social Security #
Are you transferring fr	rom this practice?	
This consent will expire automatially six months from the date on which it is signed.		
Signature of Patient/Representative		Date