



1181 Langford Drive, Bldg 300, Call 706-227-8999
Suite 101 Watkinsville, GA 30677 Fax 706-227-6118

Melissa Anderson, M.D. Melissa Halbach, M.D.
Camille McPherson, M.D. Natalie Romines, CNP.

Authorization For Release Of Medical Information

Patient Name _____ Date of Birth ____/____/____
(First) (Last)

Address _____
(Street Mailing Address) (City) (State) (ZIP Code)

I REQUESTED RECORDS FROM : Women's Center of Athens located at 1181 Langford Drive,
Bldg 300, Suite 101, Watkinsville, GA 30677

I REQUESTED RECORDS TO BE RELEASED TO:

Name _____ Phone _____

Address _____ Fax _____
(Street Mailing Address) (City) (State) (ZIP Code)

Items to release All Records GYN Records OB Records Labs
 Other _____

Beginning Date ____/____/____ Ending Date ____/____/____

Authorization: I authorize the release of my medical records as specified above, including human immunodeficiency virus, psychiatric, drug/alcohol abuse records, venereal diseases and any other statutory protected diseases for the purpose of: _____

Signature of Patient/Parent/Guardian

FOR OFFICE USE ONLY

Records requested/sent: Name _____ Date ____/____/____

Sent via : Mail Fax Pick-up by patient