Drs. Pope, Kehl, Barnes and Durso
Midwives of Macon

1062 Forsyth St, Suite 3B
Macon, GA 31201
Phone (478)743-3454
Fax (478) 743-6816
www.pkbdobgyn.com

PERMISSION TO RELEASE PATIENT RECORDS

Patient's Name: _____

Date of Birth: _____

Today's Date: _____

I hereby request that my records from _____ to _____ be released **to** Drs. Pope, Kehl, Barnes, Durso and Midwives of Macon.

Records coming from:

_____
Name

_____
Address

_____
City State Zip Code

_____
Phone # Fax #

_____
Patient's or Guardian's Signature

_____
Date of Request Expiration Date

All information received will be protected according to our Notice of Privacy Practices.