Inanna Birth & Women's Care
1823 N. Locust Street
Denton, TX 76201
940-483-1569

Authorization for Release of Medical Records

Name____

Date of Birth ____________ Social Security Number __________________

Address ___________________________________

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Telephone _____________________________ Reason for Request:______________________

Please release my medical records from:

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To: Inanna Birth & Women's Care
1823 N. Locust Street
Denton, TX 76201
Fax: 940-483-1570

☐ Please Release all records, including but not limited to progress notes, operative notes, laboratory test results, diagnostic tests and X-rays

☐ Pap: _______________________

☐ Lab: _______________________

SONO REPORTS ONLY NO PICTURES
CURRENT PREGNANCY ONLY

☐ Other: _______________________

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AS PROVIDED ABOVE

Signature _______________________

Date _______________________

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