ADVANCED OBGYN, P.C.
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Huntsville, AL 35801
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Authorization to Release Information to Patient

Chart #: _____

Patient's Name: _____

Date of Birth: _____

Address: _____

_____

Phone #: _____

Records requested: (list specific date of service, lab results, test results, etc.)

_____
_____
_____
_____

Charge Assessed: $6.50

Please select method: CD Patient Portal Paper
(Please Circle One)

Patient Signature: _____ Today's Date: _____