



Flagstaff Birth and Women's Center, Inc.
401 West Aspen Avenue, Flagstaff, Arizona 86001
Phone: 928.556.0000 Fax: 928.556.0005

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient name: _____ Date of Birth: _____

I request and authorize Flagstaff Birth and Women's Center, Inc. to release healthcare information of the patient named above to _____

This request and authorization applies to:

- All Records Records from Current Pregnancy Only
 Most Recent Labs Most Recent PAP Most Recent Ultrasound
 Records from Previous Pregnancies Other: _____

Patient Signature: _____

Date Signed: _____