Engbretson
Center for Women
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Divison of Consolidated Medical Practices of Memphis, PLLC

Please fax information to 901-522-6911

OUTGOING MEDICAL RECORDS

I, _____ do hereby authorize Engbretson Center for Women to release my medical records as follows:

Engbretson Center for Women

_____

to release my records to the persons specified below.

Release to:
_____
_____
_____

Patient's Name:
_____

Address:
_____
_____

Date of Birth:
_____

Patient's Signature:
_____

Date: _____