

WILLIAM E. WOODS, M.D., S.C.

351 S. Greenleaf Avenue, Ste. A, Park City, IL 60085 • (847)244-4110 • fax (847)244-4494

REQUEST FOR RELEASE OF MEDICAL RECORDS

PATIENT NAME _____
DATE OF BIRTH _____
SOC. SEC. # _____

TO:

PHYSICIAN _____
ADDRESS _____
CITY STATE ZIPCODE

TELEPHONE _____
FAX NUMBER _____

TYPE OF MEDICAL RECORD INFORMATION TO BE DISCLOSED (CHECK BOX)

- Ultra Sound Laboratory Reports
 Prenatal Records All

I REQUEST THAT MY MEDICAL RECORDS BE RELEASED TO:

PHYSICIAN ADDRESS
William E. Woods, M.D., S.C.
Obstetrics & Gynecology
351 S. Greenleaf Avenue - Suite A
Park City, IL 60085

Reason for request: _____

Expiration date: _____

SIGNATURE _____
DATE _____