



20 West Wenger Road
Englewood, Ohio 45322

Office: 937-771-5110
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Website:
www.hueyandweprin.com

CONSENT FOR RELEASE OF MEDICAL RECORDS

I hereby grant my permission to release any and all pertinent medical records from/to the following physician(s).

FROM:

TO BE RELEASED TO:

HWC Women's Research Center
20 West Wenger Road
Englewood, Ohio 45322
937-771-5110

By signing below, I understand that the information I authorize is voluntary and I may revoke this authorization in writing at any time.

Please print full name:

Date of birth:

____ / ____ / ____

Phone Number:

____ - ____

Address:

Please sign full name:

_____ **Date:** ____ / ____ / ____