

Drs. Kehl, Barnes, & Durso
Kristen Vaughn, FNP
Midwives of Macon

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PERMISSION TO RELEASE PATIENT RECORDS

Patient's Name: _____

Date of Birth: _____

Today's Date: _____

I hereby request that my records from _____ to _____ be released to Drs. Kehl, Barnes, Durso, Kristen Vaughn, NP, and Midwives of Macon.

Records Coming From:

Name

Address

City

State

Zip Code

Phone #

Fax #

Patient's or Guardian's Signature

Date of Request

Expiration Date