



480 W Jubal Early Drive  
Suite 300  
Winchester, VA 22601

540-431-2330 Fax 540-409-5977

### Authorization for Release of Medical Records

\_\_\_\_\_  
Print Patient Name                      Date of Birth                      Request Date

\_\_\_\_\_  
\_\_\_\_\_

Patient Address

Please release medical records pertaining to \_\_\_\_\_

Including diagnosis, treatment and examination **FROM** the facility below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, am requesting these medical records be released **TO**

Patient signature

The facility below:

**Women First**  
**480 W Jubal Early Dr, Suite 300**  
**Winchester, VA 22601**