MIAMI CERTIFIED NURSE MIDWIVES, LLC

MIDWIFE & CO.

9507 SW 160 th St

Suite #220

MIAMI, FL 33157

TELEPHONE 305-898-0801

**FAX 786-373-1885**

Dear Sir or Madam,

Please consider this letter as a formal request to request complete medical records for pregnancy.

**Client name:**

**DOB:**

This client is expecting a baby and the compete records are needed including ultrasounds, labs, consultations, genetic testing, prenatal visits and prenatal encounters. Please do not hesitate to call me if you have further questions.

**Client signature:**

Thank you,

M.G. Wardlaw, CNM, APRN

Midwife & Co.

Margaret G. Wardlaw, CNM, APRN

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