

West Augusta Obstetrics & Gynecology, P.C.
1126 Medical Center Drive
Augusta, GA 30909
706-863-5082/ 706-863-4082 Fax

**I request my medical records from West Augusta Obstetrics & Gynecology, P.C.,
Dr. _____ be forwarded to:**

Name/Office

Fax/Email

Address

City, State, Zip

Description of the information requested (check all that apply)

Entire Medical Record

Lab Data, Date _____

History & Physical, Date _____

Progress Notes, Date _____

Mammogram, Date _____

Obstetrical Notes, Date _____

Mammogram Film, Date _____

Other _____

Print Name

Date of Birth

Signature

Date

Staff Releasing Records

Date