

## Authorization to Release Healthcare Information from New River Women's Health, Dr. Sanam Campbell.

1. Patient Name:

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2. Previous Name:

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3. Date of Birth:

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4. I request and authorize New River Women's Health to release my healthcare information to:

Facility Name:

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Provider Name:

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Phone Number:

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Fax Number:

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5. This request applies to:

All Records

Specific Records

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Signature

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Date