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www.newriverwomenshealth.com





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

1. Patient Name:		
2. Previous Name:		
3. Date of Birth:		
4. I request and author Facility Name:	ize New River Women's Health to	release my healthcare information to:
Provider Name:		
Phone Number:		
Fax Number: Please no	ote–Fax is required or this form cann	not be processed.
5. This request applies	to:	
□ All Records	☐ Specific Records	
Signature		Date

Records Release from NRWH Page 1 of 1