

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 authorize New River Women's Health to release my healthcare information to:

Facility Name:

Provider Name:

Phone Number:

Fax Number: ***Please note—Fax is required or this form cannot be processed.***

5. This request applies to:

All Records

Specific Records

Signature

Date