WELCOME HOME
MIDWIFERY SERVICES, INC.

RECORDS RELEASE AUTHORIZATION AND REQUEST FOR MEDICAL RECORDS

Date Submitted: _____
Date Released: _____

Facility/Provider: Welcome Home Midwifery Services, Inc.
Fax Number: (209) 336-6814

By signing below, I authorize the release of my records and request that you to release my complete medical and patient care records, including examination, laboratory analysis, diagnosis and treatment, and patient transport rendered from _____ to _____.

Patient Name: _____
Patient Social Security #: _____
Patient Date of Birth: _____

Patient Signature: _____

Notes: _____
_____
_____

Requesting Provider: _____
Requesting Provider Fax: _____
Requesting Provider E-Mail: _____

Requesting Provider Signature: _____

Preferred media: ▫ E-Mail ▫ Fax ▫ Mail

Welcome Home Midwifery Services, Inc.
PMB #302
5960 South Land Park Drive
Sacramento, CA 95822
(916) 668-9467