



188 Hospital Drive, Suite 304

Fairhope, AL 36532

Phone (251) 990-1950

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Release for Records

Date: _____

Patient's Name: _____ D.O.B _____

Address: _____ Phone number _____

I authorized Dr. Shoemaker, Dr. Jones, or designated representative to release information to:

Name or receiving person, agency, or institution: _____

Address: _____

Phone number: _____ Fax number: _____

The following information (please circle)

All Records

Discharge Summary

History and Physical

Lab Reports

Radiology Reports

Operative Notes

Pathology

Other (specify) _____

Signature of Patient or Guardian

Date

Witness

Date