



K. Anthony Shanbour, M.D.
Obstetrics & Gynecology

Release TO:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax#: _____

Release FROM:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax#: _____

Patient or Individual Identification:

Printed Name: _____ Date of Birth: _____
Other Name(s) Used: _____
Address: _____
City: _____ State: _____ Zip: _____
Last4DigitsofSocialSecurity#: _____ Phone#: _____

Purpose of Request (Must check one):

Request of the Patient or Individual Attorney/Legal Billing/Payment Treatment or Consultation
Other, (specify): _____

I Request My Records be Provided:

Paper (hard copy) Electronically via email* Fax

Email address: _____

* Electronic availability is subject to location and type of records. Billing records and films cannot be provided electronically via email and are available for mail or pick-up only.

Information to be Released – Covering the Periods of Health Care (must check one):

Any and all** From (date): _____ To (date): _____

** includes all records through the date the patient or patient representative signs this authorization.

Please check type of information to be released (check all that apply):

- Complete Medical Record History
- Physical Exams
- Lab Test Result(s)
- Radiology Reports/Image(s)
- Discharge Summary
- Abstract
- Physician Order(s)
- Diagnostic Testing Report(s)
- Operative Report(s)
- Itemized Billing Statement(s)
- Progress Notes
- Treatment Plan(s)

Other (specify): _____

NOTE: This form MAY NOT BE used to release Psychotherapy Notes

Drug and/or Alcohol Abuse, and/or Psychiatric, and Communicable/Non-Communicable Diseases

I understand if my medical or billing record contains information in reference to drug and/or alcohol abuse or treatment, psychiatric care, communicable and/or non communicable diseases including but not limited to hepatitis, gonorrhea, syphilis and/or other sensitive information, I agree to its release. **Check One: YES NO**

Form continues on back side.

