



**Northside**  
WOMEN'S HEALTH

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Today's Date: \_\_\_\_\_

## Records Release

To: \_\_\_\_\_

Records Needed: \_\_\_\_\_

I hereby authorized and request you to release my records to Northside Women's Health.

### Patient Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security \_\_\_\_\_

Birth Date \_\_\_\_\_

Signature \_\_\_\_\_