Valley Women for Women, p.c
Obstetrics & Gynecology

www.valleywomenforwomen.com or www.vwfw.com
855.329.8939 toll free fax (855-FAX-VWFW)
480.782.0993 phone

South Gilbert – Main Office
3815 S Val Vista Dr Ste 101
Gilbert, AZ 85297
North Gilbert
1501 N Gilbert Rd Ste 180
Gilbert, AZ 85234
Queen Creek
22711 S Ellsworth Rd Ste 104
Queen Creek, AZ 85142
Chandler
485 S Dobson Rd Ste 200
Chandler, AZ 85224
Chandler (Eddy OB/GYN office)
215 S Dobson Rd
Chandler, AZ 85224

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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I authorize the release of my medical records between

Valley Women For Women, PC
Attn: Medical Records
3815 S Val Vista Drive, Ste 101
Gilbert, AZ 85297
FAX 855-329-8939
Email: records@vwfw.com

and (name and address of health care provider):

Name _____

Address _____

Phone _____ Fax _____

I am releasing records (check only one)

☐ **TO** Valley Women for Women, PC.

☐ **FROM** Valley Women for Women, PC.

Place a check mark below to indicate the records you wish to release:

☐ All Records ☐ Lab Reports ☐ Pap ☐ Ultrasounds

☐ Doctors' Notes ☐ Other _____

Reason for release (please be as specific as possible):

_____

_____

_____

I understand that I may revoke this consent at any time and that, upon fulfillment of the above stated purpose this consent will expire one year following the date of signature.

Patient Name: _____ D.O.B. ____/____/_____

Signature: _____ Date _____