



# Tepeyac OB/GYN

Something More Than Medicine™

## RECORDS RELEASE TO TEPEYAC OB/GYN

**PLEASE NOTE THAT PROCESSING RECORDS FOR RELEASE REQUIRES 5-10 BUSINESS DAYS.**

**WE THANK YOU FOR YOUR PATIENCE.**

I hereby authorize the release of my medical records **TO:**

**Tepeyac OB/GYN**  
**4001 Fair Ridge Drive Suite 304, Fairfax, VA 22033**  
**Phone: (703) 273-9440 Fax: (703) 273-9445**

Records for Treatment Dates: \_\_\_\_\_ to \_\_\_\_\_.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> All Records       | <input type="checkbox"/> X-Ray/Sonogram Reports | <input type="checkbox"/> Prenatal Reports |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Operative Reports      | <input type="checkbox"/> Lab Reports      |

### PATIENT INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Signature of Patient or Legal Guardian:** \_\_\_\_\_

### PROVIDER INFORMATION:

Requesting Records From: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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