



Tepeyac OB/GYN

Something More Than Medicine™

Records Release To Tepeyac OB/GYN

I hereby authorize the release of my medical records from:

Tepeyac OB/GYN
 4001 Fair Ridge Drive, Ste. 304
 Fairfax, VA 22033
 Phone: 703-273-9440 Fax: 703-273-9445

- All Records X-Ray/Sonogram Reports Prenatal Reports Discharge Summary
 Operative Reports Lab Reports Other: _____

Request to Provider (Choose One): Fax Mail

Patient Information:

Name:		Date of Birth:	
Address:	City:	State:	Zip Code:
Phone:	Signature of Patient of Legal Guardian:		

Provider Information:

Requesting Records From:			
Address:	City:	State:	Zip Code:
Phone:	Fax:		

To avoid delay in processing your request, please complete this form with the correct information. Call your prior doctor's office and obtain their address and fax number if you do not know it.

TO THE PROVIDER: Protected Health Care Information is personal and sensitive information related to a person's healthcare. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.