



# Tepeyac OB/GYN

Something More Than Medicine™

## Records Release From Tepeyac OB/GYN To Provider

Please note that processing records for release requires 5-10 business days.

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

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

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

Are you leaving the practice?  No  Yes. If yes, please explain:

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Please choose one:

Request to Provider (Choose One):  Fax             Mail

### Patient Information:

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

### Provider Information:

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

If this form is not completely filled out with the correct information, it may not be processed. Call your prior doctor's office and obtain their address and fax number if you do not know it.