

Joanne Goshow-Harris, D.O. Helen McCullough, D.O. A. Diane McCracken, M.D. Dina Anderson, MSN, RNC
Jennifer Barlow, M.D. Christine Maynard, M.D. Clare Szymanski, CNM, WHNP, MSN, APN
Karen M. Earl, M.D. Ashley August, PA-C Molly A. Larkin, M.D. Regina Smith, D.O.
Heike Kuehn, APN, MSN Natalie Chavez, M.D. Casey Bedder, D.O. Michele LaMarr-Suggs, CNM
Patricia Ciranni, WHNP, MSN, APN. Nancy Welch, WHNP



Phone Number: 302.224.8400 Fax Number: 302.633.6020

4735 Ogletown-Stanton Road * Suite 2300 * Newark, DE 19713
4600 New Linden Hill Road * Wilmington, DE 19808
2600 Glasgow Avenue * Suite 120 * Newark, DE 19702

Dear Patient,

In order to expedite your request for records, please follow the procedure below:

- ✍ Complete the authorization portion of this form.
- ✍ Enclose a check for \$20.00 **FOR EACH SET OF MEDICAL RECORDS REQUESTED** payable to All About Women
- ✍ Mail the authorization and check to:

All About Women, P.A.
4735 Ogletown-Stanton Rd.
Ste 2300
Newark, DE 19713
Attn: Medical Records Dept.

Once we receive the authorization and check, please allow 7-10 business days for us to process your request. If you have any questions, please call the office at (302) 224-8400.

MEDICAL RECORDS RELEASE AUTHORIZATION

I hereby authorize and request All About Women, to release my complete medical records, to include all protected health information including but not limited to, HIV testing, STD testing and mental health records, in your possession to: _____

Reason for Transferring: _____

Patient Name: _____ Date of Birth: ____/____/____

Patient Signature: _____ Date: ____/____/____