



ATRIUM

OB/GYN, INC.

4151 HOLIDAY STREET, N.W. – CANTON, OHIO 44718 – TELEPHONE (330) 492-8001
FAX (330) 492-2080 – WWW.ATRIUMOBGYN.COM

Medical Records Consent Transfer

Date:

Dear Doctor:

Please forward a summary of my records to Atrium OB/GYN INC. with special attention to the areas marked below. Thank you for your attention to this request.

Medical history and physical examination

Mammography films and report

Laboratory data

Operative Report

Pathology Report

Summary of obstetrical care

Summary of hospital stay

Entire medical record

Ultrasound films and reports

Medical records may contain hospital records and/or information regarding sexually transmitted infections (STI's) including HIV/AIDS; alcohol and/or other drug use; or physical abuse. For that reason, please be specific about the information you wish to have released. Permission is hereby granted for the release of medical data on my case to the above named physician.

Printed Name _____

Date of Birth _____

Signature _____