



Melinda M. Martin, MD, OB/GYN  
907 Ainsworth Drive      7750 E. Florentine Road, Ste A  
Prescott, AZ 86305      Prescott Valley, AZ 86314  
(928) 777-0070 fax (928) 445-7163

## AUTHORIZATION FOR RELEASE OF RECORDS

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

I authorize the release of my medical records to **Melinda M. Martin, MD**, including confidential and/or communicable disease information. I authorize HIV/AIDS results to be included unless specified by initialing here \_\_\_\_\_.

Physician/Facility Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Please send the following records:

- Only Pertinent Gynecologic Information
- Labs only
- Operative Reports
- All records Deemed Appropriate by Physician
- Other \_\_\_\_\_

PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

This authorization will expire 90 days from the signature date unless specified.

Patient Authorization Expiration Date: \_\_\_\_\_