Women's Surgery & Aesthetics Center

Office of

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MEDICAL RECORDS RELEASE AUTHORIZATION FROM:

Robert S. Furr, MD
Women's Surgery & Aesthetics Center
1726 Gunbarrel Road, Suite 200
Chattanooga, TN 37421

I hereby authorize and request that you release my medical records to:

Today's Date: _____

To: _____

Address: _____

_____

Phone: _____ Fax: _____

_____ _____
(Patient's Signature) (Date)

Print Patient's Name: _____

Social Security Number: _____

Date of Birth: _____

Patient's Address: _____

_____

Patient's Phone Number: _____

Records to Include: _____