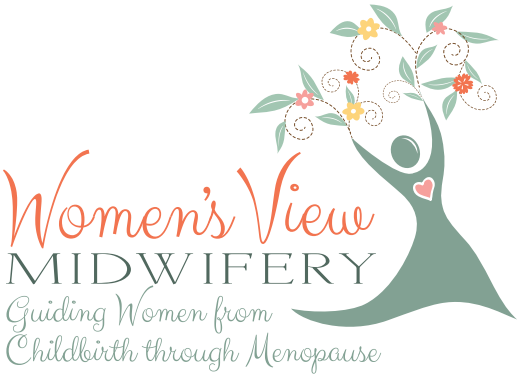

140 Hospital Drive
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Toll Free: (888) 448-8439
Fax: (802) 447-7710

Kim Griffin, CNM
Amy Kranick, CNM MSN

Managing Partner
Pamela M. Hall

AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS

PATIENT INFORMATION (Please Print):

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

RELEASE MY MEDICAL RECORDS FROM:

Name:_____

Tel:_____

Fax:_____

TO

Women's View Midwifery, LLP
140 Hospital Dr., Suite 205
Bennington, VT 05201

Phone: 1-888-448-VIEW or (802)-447-2677
Fax: (802)-447-7710

Please release a copy of all my medical records, including but not limited to, progress notes, operative notes, laboratory results and diagnostic tests.

BY MY SIGNATURE I AUTHORIZE RELEASE OF MEDICAL RECORDS

Patient:_____ Date: _____