Aurora Family Health
& Midwifery Services

Authorization for Release of Records

Susie Corcoran CNM, FNP
PO Box 73
Aurora, Oregon 97002
(503) 678-6269
Fax: (503) 678-1128

Patient Name:_____
(Name of patient at time services were rendered)

Birthdate_____

SS#_____

This form is to authorize that medical information regarding the above named person be forwarded **FROM:**

Physician / Institution

Street Address / Mailing Address

City / State / Zip

TO:

Aurora Family Health & Midwifery
PO Box 73
Aurora, Oregon 97002
(503) 678-6269
Fax: (503) 678-1128

Records Requested:

_____ History & Physical Exam ____ Diagnostic Tests & Labwork ____ Prenatal Records

Date_____

Signed (print)_____

Signature_____
(Signature of Patient)