BLOSSOM OB/GYN & INFERTILITY
Marjorie A. Chorness, MD FACOG
420 The Parkway, Suite C, Greer, SC 29650
Phone: 864-662-5000 Fax: 864-662-5008

MEDICAL RECORDS RELEASE

Patient Name: _____

SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

☐ I authorize Blossom OB/GYN & Infertility to **obtain** my records **from:**

_____
Name

_____
Address

_____
City State Zip

_____
Phone Fax

☐ I authorize Blossom OB/GYN & Infertility to **release** my records **to:**

_____
Name

_____
Address

_____
City State Zip

_____
Phone Fax

Requested Records:

☐ All Medical Records ☐ Pap Smear/Pathology ☐ Ultrasound(s) ☐ Mammogram(s)

☐ Prenatal Records ☐ Labs ☐ STD Screening ☐ Office Notes

Please allow a minimum of 2 weeks for records to be sent or received.

Patient Signature: _____ Date: _____