

**BLOSSOM GYNECOLOGY, WELLNESS & INFERTILITY, P.A.**  
**MARJORIE A. CHORNESS, MD FACOG**  
**420 C THE PARKWAY • GREER, SC 29650 864.662.5000 FAX 864.662.5008**

**MEDICAL RECORDS RELEASE**

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I authorize Blossom Gynecology, Wellness & Infertility to obtain my records from:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

**I authorize Blossom Gynecology, Wellness & 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)

Labs     STD Screening     Office Notes

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_