

Medical Records Release

If you are transferring into Upstate OB-GYN Group as a new patient, please complete the following form and send it to your current OB-GYN physician. In order to provide you with the best care, we need to have all of your medical records transferred to our office prior to your first appointment.

Date:

Patient Name:

Address:

Phone Number:

Social Security Number:

Date of Birth:

Upon the request of the patient, and for the purpose of providing medically necessary care, the medical records for this patient are requested.

I hereby authorize the release of my medical records to the following physician:

From the Following Physician:

Patient Signature
