PARTNERS IN WOMEN'S HEALTH

Jeffrey M. Litt, M.D., FACOG
Marc A. Kaufman, M.D., FACOG
Anthony Shaya, M.D., FACOG
Laura Alsina-Sanchez, M.D., FACOG
Elise Gershman, M.D., FACOG
Erin Ethridge-Bagley, PhD, A.R.N.P
Nancy Galyon, A.R.N.P.
Ann Patrice (Pat) Casale, A.R.N.P.

I, _____
Patient name (please print)

Date of Birth: _____

Hereby Request that my Records be Released To:

Partners in Women's Health
550 Heritage Drive, Suite 203
Jupiter, Florida 33458
Phone (561) 354-1515
Facsimile (561) 354-1516

Requesting:

☐ All Records (including HIV test results)

☐ Specific: _____

Requesting Records From: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) - _____ Fax: (_____) - _____

Patient Signature: _____ Date: _____