



West Suburban Midwife Associates, Ltd

Gentle Birth and WomanCare

715 Lake Street Suite 273 Oak Park, IL 60301
Phone 708.848.3800 Fax 708.848.0008

Gayle Riedmann, CNM
Cynthia Mason, CNM
Brigitte Raahauge, CNM
Nicole Shapiro, CNM

Authorization for Release of Medical Records

PATIENT NAME _____

BIRTHDATE _____ S.S.# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

PREVIOUS ADDRESS (IF APPLICABLE) _____

CITY _____ STATE _____ ZIP _____

I would like my medical records released from the following
physician/midwife/group practice to:

West Suburban Midwife Associates, Ltd

715 Lake Street, Suite 273 Oak Park, IL 60301

Phone: 708-848-3800 Fax: 708-848-0008

Name of Practice/Hospital providing release of Medical Records:

Name of Physician/Midwife providing release of Medical Records:

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

DATES OF SERVICE BEGINNING _____ TO _____

PLEASE RELEASE THE FOLLOWING RECORDS SELECTED BELOW

- Complete Medical Records
- Prenatal Records, including Ultrasound and Laboratory
- Surgical Report Date of Surgery _____ Type of Surgery _____
- Laboratory Results Pap Smear Biopsy results
- Other

Signed _____ Date _____