

Coastal Carolina OB/GYN
620 Singleton Ridge Road
Conway, SC 29526
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coastalcarolinaobgyn.com

I authorize Coastal Carolina OB/Gyn to release my personal medical information as indicated.

This information is being released for the purpose of: _____

Please release information to:

Facility/Physician or Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

MEDICAL INFORMATION TO BE RELEASED: (Circle info needed)

- Last Pap Smear Report
- Last Mammogram Report
- Complete Medical Chart
- Labs: (Specify) _____
- Other: (Specify) _____

Printed Full Name: _____ D.O.B: ____/____/____

Patient Signature: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____