

PREMIER CARE FOR WOMEN, P.C.

"Health Care For Women By Women"

Gynecology, Menopause & Urogynecology Board Certified

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TO: _____
(Physician or Practice Name)

(Address) (City) (State) (Zip)

Please release the items noted below from my medical record:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Last Problem Visit | <input checked="" type="checkbox"/> Blood Work (last 2 years) |
| <input checked="" type="checkbox"/> Last Annual Exam Visit | <input checked="" type="checkbox"/> Colposcopy |
| <input checked="" type="checkbox"/> Pap Smear (last 2 years) | <input checked="" type="checkbox"/> Bone Density Report |
| <input checked="" type="checkbox"/> All Abnormal Pap Smears | <input checked="" type="checkbox"/> Mammogram Report |
| <input checked="" type="checkbox"/> Operative Notes | Other _____ |
| <input checked="" type="checkbox"/> Discharge Summary | Other _____ |
| <input checked="" type="checkbox"/> Pathology Reports | |
| <input checked="" type="checkbox"/> Biopsy Results | |

**We do not accept films for mammograms, bone density or other x-ray films. If sent, these will be returned to sender. Please send reports only.

Please mail these records to:

Premier Care For Women, P.C.
960 Johnson Ferry Road, NE
Suite 400
Atlanta, GA 30342
Phone: (404) 257-0170
Fax: (404) 851-9894

** We cannot accept faxes over 20 pages. Please mail records.*

I understand this authorization will include any medical records including HIV records, psychiatric or drug or alcohol abuse records, venereal disease and/or any other statutory protected diseases. This authorization and consent will expire 60 days following the date signed. I understand that I may revoke this authorization and consent at any time except to the extent that action has previously taken in reliance hereof.

Patient Signature

Date

PRINT NAME

Date of Birth

Last 4 digits of Social Security Number

If you are transferring your care, please mail or fax this request to your previous doctor before your appointment. *Not all records received may be kept for our files. Receipt of these records does not indicate your complete medical file. Each treating physician maintains their own records according to Hipaa regulations and are solely responsible for maintaining and reproducing those records..*