WOMEN'S CANCER AND SURGICAL CARE, P.C.

4610 Jefferson Lane NE **Albuquerque, NM 87109**
Tel: (505) 559-4495 **Fax: (505) 842-8025**
info@wcscnm.com **www.wcscnm.com**

Release of Medical Information to Family

I, _____
(Name)

Date of birth: _____ / _____ / _____

Authorize Women's Cancer and Surgical Care, P.C. to give medical information regarding the following specific condition(s):

- □ All Information
- □ Blood Work
- □ Pap smear
- □ Procedures and Results
- □ Medication Information/Refills
- □ Appointment Information

To: _____
(Name)

who is related to me as my: _____

□ ***I release Women's Cancer and Surgical Care, P.C. from any liability resulting from the release of this confidential information.***

□ ***I DO NOT authorize Women's Cancer and Surgical Care, P.C. to release ANY medical or appointment information to ANYONE.***

Signature: _____

Date: _____