atient Name: Media ate of Birth: ates of Service From: To: Medical Records Requested (check a	n Gunn, M.D. EASE AUTHORIZATION ITER, P.C. 00 242
MEDICAL INFORMATION AND RECORDS RELI ate:	EASE AUTHORIZATION ITER, P.C. 00 242 edical records to:
ate:	ITER, P.C. 00 242 edical records to:
hereby authorize and request: HEDDEN PLASTIC SURGERY CEN 140 Village Street, Suite 1 Birmingham, Alabama 35 PHONE: (205) 980-1744 FAX: (205) 980-1334 to release a copy of the below listed me ddress:	00 242 edical records to:
HEDDEN PLASTIC SURGERY CEN 140 Village Street, Suite 1 Birmingham, Alabama 35 PHONE: (205) 980-1744 FAX: (205) 980-1334 to release a copy of the below listed me ddress:	00 242 edical records to:
140 Village Street, Suite 1         Birmingham, Alabama 35         PHONE: (205) 980-1744         FAX: (205) 980-1334         to release a copy of the below listed me	00 242 edical records to:
Birmingham, Alabama 35. PHONE: (205) 980-1744 FAX: (205) 980-1334 to release a copy of the below listed me ddress:	242 edical records to:
PHONE: (205) 980-1744 FAX: (205) 980-1334 to release a copy of the below listed me ddress: Fax # 	edical records to:
FAX: (205) 980-1334 to release a copy of the below listed me ddress: Fax # atient Name: Medic ate of Birth: ates of Service From: To: Medical Records Requested (check a	edical records to:
to release a copy of the below listed me ddress: Fax # 	
ddress: Fax # 	
atient Name: Media ate of Birth: ates of Service From: To: Medical Records Requested (check a	
atient Name: Media ate of Birth: ates of Service From: To: Medical Records Requested (check a	·
atient Name: Media ate of Birth: ates of Service From: To: Medical Records Requested (check a	
atient Name: Media ate of Birth: ates of Service From: To: Medical Records Requested (check a	
ate of Birth: ates of Service From: To: Medical Records Requested (check a	cal Record #
ates of Service From: To: Medical Records Requested (check a	
Medical Records Requested (check a	
Complete Medical Record	all that apply)
	Medical Allergies:
Biopsy Report(s)	Surgical Procedures
• • • •	FMLA
Consultation Reports(s)	Other
dditional Comments:	
ignature of Patient or Guardian Da	te
ignature of Witness	
page 1 of 1	