



Bobbie Behrens, MD, OB/GYN, LLC
35670 Kenai Spur Highway, STE 101 B
Soldotna, Alaska 99669
Ph:(907)262-2615 Fax:(907)262-8842

12/4/2018

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: _____

Other name(s): _____

I hereby request that Dr. Behrens, M.D. & Kathryn Flores MSN, FNP provide the following copies of my medical records:

All, including diagnosis, treatment prognosis and recommendations, labs, imaging, office notes and hospital records.

Specifically, _____

Date(s) of service: _____

For the purpose of: Further Treatment Insurance Claims Legal Request

Personal Other (please list) _____

Please send to:

I acknowledge that data to be released may include information protected by Federal Law (alcohol/drug, mental health, HIV/STD's) and I consent to its release.

Signature

Date

Witness

Date

Request completed by _____ Date _____