

**Richard W. Waguespack
Medical Release Form**

This form is to be used when you (the patient) are wanting your medical records for yourself to take to another entity (i.e. insurance, disability benefits, another doctor).

RELEASE OF INFORMATION

Patient Name _____

Date of Birth _____

Address _____

Social Security Number _____

I hereby authorize R.W. Waguespack, MD, to release my medical records to the following:

Name _____

Address _____

Phone (_____) _____

Fax (_____) _____

Indicate preferred method of record transfer:

Fax Mail Personal Pick-Up

Patient/Legal Guardian Signature _____

Date _____

Richard W. Waguespack, MD
Medical Release Form

This form is to be used when requesting records from another entity to be sent to Dr. Waguespack.

PLEASE RELEASE THE MEDICAL RECORDS REGARDING:

Name _____ Date of Birth _____

Address _____ Social Security Number _____

Regarding:

- | | |
|--|--|
| <input type="checkbox"/> Surgery/Operative Reports | <input type="checkbox"/> X-Rays (copies of films, reports) |
| <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Office Notes |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Other _____ | |

Date(s) of service _____ Condition/Diagnosis _____

Requested from:

Name _____

Address _____

Phone _____ Fax _____

Indicate preferred method of record transfer:

- Fax Mail Personal Pick-Up

Signed _____ Date _____ Relationship _____

Witnessed _____ Date _____

Please send the requested information to: Richard W. Waguespack, MD

2660 10th Avenue South
St. Vincent's Professional Building 1, Suite 201
Birmingham, AL 35205
(205) 933-9036 Fax (205) 933-9051

R.W. Waguespack, MD
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