



Please complete this release with all the information including full address, phone number and fax number to where you would like your records sent or retrieved from.

Please check the appropriate boxes (if applicable) if you would like these records included. These types of records need special permission and will not be released if the boxes are not checked. (HIV/AIDS, Drug/Alcohol Abuse/Treatment, SANE, SANE Photos) Please note that this is a form that several different specialty offices use so some of these special consents do not apply to our office.

Sign, date and return this form to me at 1111 Delafield St. Suite 311, Waukesha, WI 53188.....or you can fax it back to 262-650-3856. If you would like to email this form, it can be sent to medicalrecords@morelandobgyn.com

If you have an upcoming appointment, please note this on your release. Although I cannot guarantee it, I will make every effort to get your records to their destination on time.

If you have any questions, please feel free to call me at 262-544-4411 ext. 105

Thank You!

*Kelly Jacobson
Health Information Manager
P/262-544-4411 ext. 105*