



794A Russell Palmer Rd.  
Kingwood, TX 77339  
281-825-5575 FAX

Dear Sir or Madam:

With reference to the client named below, please send a complete copy of her records for current pregnancy including history, physical assessment, lab work, sonogram results, diagnosis, and treatment. If not a patient for the current pregnancy, please send labor and delivery summary, operative report and postpartum summary for any cesarean sections you have record of. If neither of these apply, please send medical records as referenced: \_\_\_\_\_.

Thank you for your help.

Sincerely,

Ashley Musil, LM, CPM

Patient: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ EDD: \_\_\_\_\_

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**Authorization to furnish information**

I authorize and request you to release to Wellspring Midwifery Care all information regarding examination and treatment, which I received while in your care, including copies of hospital and medical records.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_