



Midwifery Care Associates, P.C.
2 Tree Farm Road • Suite A110 • Pennington, NJ 08534 • 609.737.7512

RELEASE OF RECORDS

Client's Name _____ DOB _____

Address _____ Phone _____

I, _____, authorize:

(Provider Name and Address)

Provider Phone: _____

Provider Fax: _____

To release to **MIDWIFERY CARE ASSOCIATES, P.C.**, confidential information comprising prenatal and gynecological records and office notes. Send records to:

MIDWIFERY CARE ASSOCIATES, P.C.
2490 PENNINGTON RD., PENNINGTON, NJ 08634
PHONE: (609) 737-7512 • FAX: (609) 737-0978

Additional Notes or Instructions:

Client Signature _____ Date _____

Client Name (print) _____