

ELLEN M. GUTHRIE, M.D., F.A.C.O.G.
Mystick Women's Health
(781) 395-1110

13 Bradlee Road
Medford, MA 02155
Fax (781) 395-8553

AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION

I hereby authorize a transfer of my medical records from:

**Ellen M. Guthrie, MD
Mystick Women's Health, Inc.
13 Bradlee Rd.
Medford, MA 02155-3110**

PLEASE PRINT

Date: _____

Patient Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Fax: _____

SEND RECORDS TO:

Physician Name: _____

Address: _____

Telephone: _____

Fax: _____

All Records: _____

Other: _____

Patient's Signature: _____

REASON FOR REQUEST:

Consult: _____

Transfer of Care: _____

This authorization is valid for 90 days and may be revoked at any time in writing prior to the expiration date.
Additional authorization for redisclosure is required.