



Gulf Coast Women's Care of Florida, L.L.C.

Edward W. Halpren, D.O., A.C.O.O.G.

Obstetrics • Gynecology • Infertility • Urinary Incontinence

Medical Records Authorization Form

I authorize the release of my medical records including medical history, documentation, referral letters, ultrasounds, test results, supporting documentation, etc., as well as documentation and records received from other physicians regarding my healthcare from:

**EDWARD W. HALPREN, D.O.
14271 METROPOLIS AVENUE, UNIT B
FORT MYERS, FL 33912
TELEPHONE: 239-561-2200**

TO:

TELEPHONE: _____

PATIENT SIGNATURE

DATE

PRINT NAME: _____

ADDRESS _____

TELEPHONE: _____

14271 Metropolis Ave. • Unit B • Fort Myers, FL 33912

239-561-2200 • www.edwardwhalprendo.com • Fax: 239-561-2491