BLOSSOM GYNECOLOGY, WELLNESS & INFERTILITY
Marjorie A. Chorness, MD FACOG
420 The Parkway, Suite C, Greer, SC 29650
Phone: 864-662-5000 Fax: 864-662-5008

MEDICAL RECORDS RELEASE

Patient Name: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: ____

_____

☐ I authorize Blossom Gynecology, Wellness & Infertility to **obtain** my records **from:**

_____
Name

_____
Address

_____
City State Zip

_____
Phone Fax

☐ I authorize Blossom Gynecology, Wellness & Infertility to **release** my records **to:**

_____
Name

_____
Address

_____
City State Zip

_____
Phone Fax

Requested Records (NOT TO EXCEED 2 YEARS):

☐ All Medical Records ☐ Pap Smear/Pathology ☐ Ultrasound(s) ☐ Mammogram(s)

☐ Labs ☐ STD Screening ☐ Office Notes

Patient Signature: _____ Date: _____

MC/as 02/17/2021