



*BRAD MOORE, MD*

*OBSTETRICS AND GYNECOLOGY, P.C.*

9 Dunwoody Park.  
Suite 108  
Dunwoody, GA 30338

P (770) 393-1988  
F (770) 399-9638  
<http://www.BradMooreMD.com>

---

## **PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

I hereby authorize \_\_\_\_\_ to release, disclose, and/or provide protected health information (PMI) to Brad Moore MD, Obstetrics and Gynecology, P.C. and/or Dr. Bradley B. Moore. This authorization permits the release of my protected health information specifically as described in the space below. This authorization will expire 30 days from the date of my signature below.

Please send/release all my medical records

Please send/release only my prenatal records

Please release only:

\_\_\_\_\_ Labs

\_\_\_\_\_ Radiographic Studies

\_\_\_\_\_ Progress Notes and Office Visits

The purpose of my releasing this information is to continue my medical care with Dr. Moore. Any delay in sending this information may cause a delay in the administration of proper and necessary medical care. Thank you kindly for your assistance.

Please fax the information (unless otherwise specified) to the fax number at the top of this authorization and again here: FAX (770) 399-9638

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Today's Date

This document was created with Win2PDF available at <http://www.win2pdf.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.  
This page will not be added after purchasing Win2PDF.