Pittsburgh Gynecologic Oncology
Authorization for Release of Medical Information

I hereby authorize the office of Dr. Fredric V. Price and Pittsburgh Gynecologic Oncology to obtain confidential medical information from the records of:

Patient:

Date of Birth:

Social Security Number:

for the purposes of continuing medical care. This information is to be released as soon as possible to:

Fredric V. Price, M.D.
Pittsburgh Gynecologic Oncology
4815 Liberty Avenue, Suite 127
Pittsburgh, PA 15224
Phone: 412-687-9944
Fax: 412-687-9946

I request that the following information be released:_____

_____

_____

_____

_____

_____

_____

This authorization will extend 60 days from the date of this signature. I understand the nature of this release and freely give my consent.

X

_____ _____

SIGNATURE OF PATIENT/LEGAL GUARDIAN DATE

FILE: with insurance materials, inside back cover of the chart