



Hearts & Hands
Women's Care, LLC

69 Main St, Peterborough, NH 03458
18 Constitution Dr, Bedford, NH 03103
☎ 603-801-9485 ✉ sarahbay@ymail.com
Fax 603-924-4554
www.heartsandhandsnh.com

Medical Release Form

To: (Doctor/Midwife) _____

Phone: _____ Fax: _____

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Client's Name: _____

Date of birth: _____

SS# and/or Medical record # _____

Release of Medical Records: I am writing to request that my medical records be released to:

To: **Hearts and Hands Women's Care, LLC, &
Sarah Bay, CNM, APRN**
Fax preferred: 603-924-4554
Mailing address: 69 Main Street, Peterborough, NH 03458

I request records that include:

- Antenatal records for current pregnancy
- Antenatal records for past pregnancies
- All lab results (including STI and HIV results). client initial here: _____
- All Ultrasounds results
- All Genetic Screening results
- All consultation reports
- Any other medical reports pertinent to pregnancy related cared.

Thank you in advance

Signature _____ Date _____