



Hearts & Hands  
Women's Care, LLC

109 Grove St, #C, Peterborough, NH 03458  
18 Constitution Dr, Unit 4, Bedford, NH 03103  
www.heartsandhandsnh.com

## Medical Release Form

To: (Doctor/Midwife) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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:

Sarah Bay, CNM, APRN at Hearts and Hands Women's Care, LLC  
Please fax records to: 603-924-4554

I request records that include:

- Antenatal records for current and prior pregnancy(ies).
- Lab results (including STI and HIV results). client initial here: \_\_\_\_\_
- Specific prior care
  - Ultrasounds results
  - Genetic Screening results
  - Consultation reports
- Any other medical reports pertinent to pregnancy related cared.

Thank you in advance

Signature \_\_\_\_\_ Date \_\_\_\_\_