

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

NEW PATIENT MEDICAL RECORDS RELEASE

Please complete the following form and send it to your previous OB/GYN physician. In order to provide you with the best care, we need to have all of your medical records transferred to our office prior to your first appointment.

Patient Name: _____

SS#: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Phone number: _____

I authorize the release of my medical records to:

Blossom Gynecology, Wellness & Infertility
420 The Parkway, Suite C
Greer, SC 29650
Phone: 662-5000; Fax: 662-5008

From the following physician:

Name

Address

City State Zip

Phone Fax

ALL OB/GYN MEDICAL RECORDS MUST BE RECEIVED PRIOR TO THE DAY OF YOUR APPOINTMENT. If you are unable to retrieve your records by your appointment time, unfortunately we will have to reschedule. We apologize for any inconvenience this may cause; however, this benefits you by allowing our office to give you the absolute best medical care.

Patient Signature: _____ Date: _____