



Obstetrics • Gynecology • High Risk Pregnancies • Board Certified

*Dr. Kimberly Turner*

Excellence in Care for Women Through Every Stage of Life.

## Medical Records Release

Release from:

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Release to:

Kimberly Moran Turner, M.D., LLC  
11085 Little Patuxent Parkway, Suite 202  
Columbia, MD 21044  
410-715-1060  
fax 410-715-1063

Information to release:

- |  |  |
|--|--|
| <input type="checkbox"/> Admission notes   | <input type="checkbox"/> Progress notes      |
| <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Pathology reports   |
| <input type="checkbox"/> Operative reports | <input type="checkbox"/> Consultations notes |
| <input type="checkbox"/> EKG's             | <input type="checkbox"/> Laboratory tests    |
| <input type="checkbox"/> X-ray reports     | <input type="checkbox"/> Stress tests        |

Other:

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I hereby authorize you to release to Kimberly M. Turner, M.D. a copy of my medical records to be used for continuing medical care. I reserve the right to revoke this authorization in writing at any time. Further, I understand that this Protected Health Information may be re-disclosed by the recipient and thus, no longer protected under privacy rules.

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient SSN#: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_

This authorization will expire on: \_\_\_\_\_