Helen Stockton, CPM | Mother Earth Midwifery | Certified Professional Midwifery Services
734.657.0259 | 2001 Commonwealth Blvd. Ste. 300 | Ann Arbor, MI 48105
MotherEarthMidwife@yahoo.com | MotherEarthMidwifery.com

Request for Medical Records

I, _____ , on this date, _____ , hereby request the
(Printed Patient Name) (Today's Date)

release of my medical records to Mother Earth Midwifery as of today. I authorize the release of the following:

☐ **Scanning**	☐ **Surgical Records**	☐ **Other (please specify)**
☐ **Notes**	☐ **Prenatal Recorders**	_____
☐ **Lab Work**	☐ **All of the Above/Entire Medical Record**	_____
		_____
		_____

Please send via facsimile to:

ATTN: Trisha Nolan at **734.372.4101**

Or by Standard Mail To

Mother Earth Midwifery

ATTN: Trisha Nolan

2001 Commonwealth Blvd. Ste. 300 Ann Arbor, MI 48105