

Health & Freedom Midwifery Care  
903 Forsythe Lane  
Houston, TX 77073  
281-732-7816  
281-443-9006 FAX

Dear Sir or Madam.

With reference to the client named below, please send a complete copy of her records for the current pregnancy including history, physical assessment, lab work, sonogram results, diagnosis, and treatment. If not a patient for the current pregnancy, please send labor and delivery summary, operative report and postpartum summary for any cesarean sections you have record of.

Thank you for your help.

Sincerely,

Chris T Duffy, LM

Patient \_\_\_\_\_

Address \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ EDD \_\_\_\_\_

Purpose Continuity of care \_\_\_\_\_

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**Authorization to furnish information**

I authorize and request you to release to Health & Freedom Midwifery Care all information regarding examination and treatment, which I received while in your care, including copies of hospital and medical records.

Client \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_