



Carolina Community Maternity Center
2848 Pleasant Rd., Suite 101
Fort Mill, SC 29708
(803) 802-9494 office (877) 802-1901 fax

Request for Medical Records

Name of Health Care Provider or Facility: _____

Address: _____

Fax number: _____ Phone number: _____

Patient's Name

Date of Birth

Address: _____

Phone: _____

I, _____, do request and authorize the release of my health records to the Carolina Community Maternity Center. Please include the following:

_____ complete medical records related to this pregnancy

_____ medical records for the period of _____ to _____

_____ other _____

Send records attention to:

Midwife

Signature of Client

Date