



Pearl W. Yee, M.D. Inc.

Obstetrics • Gynecology • Medical Aesthetics • Menopause • Prevention of Hereditary Cancer  
Minimally Invasive and Robotic Gynecological Surgery

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

Date: \_\_\_\_\_

I authorize the release of my medical record

Send Records To:

Release Records From:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- OB/GYN records
- PAP smear, tests, operative reports and pathology reports
- Complete medical records
- Other: \_\_\_\_\_
- Last 2, 3, 4, 5, 10 years

X \_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

I consent to the release of the results of the HIV antibody test and any other HIV testing, diagnosis and treatment information protected by the Health and Safety code section 199.21.

X \_\_\_\_\_  
Patient's Signature