

YARMOUTH MEDICAL CENTER, LLC.  
21 AARON'S WAY, UNIT 2  
WEST YARMOUTH, MA 02673

P: 508-760-2054 F: 508-760-1218

**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

I authorize Yarmouth Medical Center to release the following medical information (please check one)

- \_\_\_\_\_ Complete record  
\_\_\_\_\_ Pertinent information (recent labs, recent progress notes, last two EKGs)  
\_\_\_\_\_ Records for the period \_\_\_\_\_ through \_\_\_\_\_

Your name (printed) \_\_\_\_\_

Your signature \_\_\_\_\_

Date of birth \_\_\_\_\_ Phone: \_\_\_\_\_

Release records to (please print complete name, address, and phone number):

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

\*Notes from any specialists you see or test results not ordered by Yarmouth Medical Center are not released. You will need to request this information from your specialist(s).\*