



Mermaid Birth

Danielle Chancellor-Checketts, CPM-LDEM
48 South 100 East
Brigham City, UT 84302
Ph#: 888-9-MIDWIFE
mermaidbirth@gmail.com

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient Name: _____

Birthdate: _____

Date of Admission (if applicable): _____

This is to authorize that medical information regarding the above identified person be forwarded:

From: _____
Physician / Institute that presently has Medical Data

Mailing Address

City

State

Zip Code

Mail to: Mermaid Birth
8325 N 3600 W
Honeyville, UT 84314
Ph#: 801-643-0604
Fax: 435-279-9092

Data Requested: _____

____ **Current** Pregnancy Records
including current labs and ultrasounds

____ Previous Pregnancy Records
including past labs and ultrasounds

____ Surgery Records dated _____

____ Labor and Delivery Records

____ Postpartum Records Mother/Baby

____ Lab Reports dated _____

____ Ultrasound Scan Reports dated _____

____ Other _____

This consent is valid for 60 days after the date signed.

Signature of Patient

Date