



**Mermaid Birth**  
**Danielle Chancellor-Checketts, CPM-LDEM**  
**8325 N. 3600 W.**  
**Honeyville, UT 84314**  
**Cell#: 801-643-0604**  
**mermaidbirth@gmail.com**

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

Patient Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

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

To: Danielle Chancellor-Checketts, CPM-LDEM  
8325 N. 3600 W.  
Honeyville, UT 84314  
Cell#: 801-643-0604  
**Fax: 435-279-9092**

Data Requested: \_\_\_\_\_

\_\_\_\_ Current Pregnancy Records  
including labs and sonos

\_\_\_\_ Previous Pregnancy Records  
including labs and sonos

\_\_\_\_ Surgery Records dated \_\_\_\_\_

\_\_\_\_ Labor and Delivery Records

\_\_\_\_ Postpartum Records Mother/Baby

\_\_\_\_ Lab Reports

\_\_\_\_ Ultrasound Scan Reports

\_\_\_\_ Other \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date