

*Multiple Blessings Childbirth Services*

Robin Rabenschlag, CPM, LM  
San Antonio, Texas 210-744-7734

**REQUEST FOR MEDICAL RECORDS**

(Complete the following form and mail or fax to the health care provider from whom you need records.  
Be sure to make and save a copy of your request.)

Your patient has requested that we obtain copies of her medical records from you.

**Patient Information:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

I, \_\_\_\_\_, authorize the release of  
(print name)

ALL MEDICAL RECORDS

RECORDS DATED FROM \_\_\_\_\_ TO \_\_\_\_\_

by: \_\_\_\_\_  
(Name of health care provider)

FAX # \_\_\_\_\_

To: Robin Rabenschlag, LM, CPM  
Multiple Blessings Childbirth Services  
5450 Rowley #214  
San Antonio, Texas 78240  
Tel: 210-744-7734 or FAX: 888-871-2059

Permission is granted to send my records electronically (FAX)

I prefer for my records to be mailed to the above address

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

Date of Request: \_\_\_\_\_