

# Piedmont Gynecology & Obstetrics, P.C.

John B. Pugh, M.D.

Diplomate, American Board of Obstetrics and Gynecology  
Fellow, American College of Obstetrics and Gynecologists

To:

Re:

( Name at time encounter)

Date of Birth:

SSN

Dear Madam/ Sir:

The above named individual is a patient in our office. It would be most helpful to have copies of the following records, for which the patient's release authorization is below:

Records desired:

Admission date:

- Admission history/ physical
- Operative report
- Surgical pathology reports
- Discharge summary
- Emergency room report
- Office records
- Other

Thank you in advance for your assistance in this matter.

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John B. Pugh MD

I hereby authorize the release to Dr. John B. Pugh of any information in my file, including- if present- information related to psychiatric care, drug and alcohol abuse and HIV/ AIDS- confidential information, from any physician or hospital in possession of any such information.

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Signed By ( Patient, or parent if minor)

Current Date