



PERINATAL ASSOCIATES
OF NEW MEXICO, LTD

I, _____, do hereby authorize you to release all information pertaining to my pregnancy in the form of prenatal lab, and/or delivery records to:

Perinatal Associates of New Mexico, Ltd.
201 Cedar, SE, Suite 405
Albuquerque, NM 87106
(505) 764-9535

_____	_____	_____
Print Name of Patient	Date of Birth	Social Security #
_____	_____	_____
Signature of Patient or Guardian	Date	Relationship

I also authorize a photo copy of this release be accepted with the same authority as the original

_____ initial

Witness