



Wellesley Women's Care, P.C.

2000 Washington Street, Suite 764 Newton, MA 02462

Phone: 617-965-7800

Obstetrics - Gynecology - Infertility

Patient's Name: _____ Patient's DOB: _____

I authorize Wellesley Women's Care to share my medical information with the following contact person:

Expiration Date of Authorization

This authorization is effective through ____/____/____ unless revoked or terminated by the patient or the patient's personal representative.

Name of Contact: _____ Contact's DOB: _____

Relationship to Patient: _____

Patient's Signature: _____

IF APPLICABLE:

Signature of Parent/Legal Representative or Guardian: _____