Dr. Helene M. Koch
Obstetrics & Gynecology

25Bala Avenue
Suite 205
Bala Cynwyd, PA 19004

RECORDS RELEASE

TO:_____

_____

_____

I AUTHORIZE YOU TO RELEASE MY RECORDS TO:

Helene M. Koch D.O.
25 Bala Avenue
Suite 205
Bala Cynwyd, PA 19004

Any information including the diagnosis and records of any treatment or examination rendered to me during the period from _____ to_____.

Print Name: _____

Date of Birth: _____

Social Security #: _____

Address: _____

_____

SIGNATURE: _____ **DATE**_____

Phone: 610-667-6363
Fax: 610-667-5155
E- mail: doctorhelene@yahoo.com