

*Linda Weaver, LM CPM*  
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Spartanburg, SC 29306  
864-585-7921



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151 Mitchell Rd L2  
Greenville, SC 29615  
864-360-5276

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Phone Number

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_

to release my records to:

***Labors of Love Midwifery and Birth Center***

850 Floyd Road Ext.  
Spartanburg, SC 29307  
864-285-0583

\_\_\_\_\_ complete medical related for this pregnancy

\_\_\_\_\_ medical records for the period of \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ other \_\_\_\_\_

Physician's fax number: \_\_\_\_\_