

Tubal Reversal Center, LLC

Natchez Morice, MD, MBA, LLC

1216 N. Victor II Blvd., Suite 100 Morgan City, La. 70380 (844)376-6742 Phone (866)702-0120 fax (985)-518-4449 Nurse Cell Authorization to Release Medical Records

**Patient Phon	ne #:		. 1	in the cit	C
**I,		who	resides at	in the cit	y of
	in the stat	e of	authorize:		
(If you have seen	n an <u>Ob/Gyn</u> before, ple	ease list their name	below so that we ma	ay request your records from them.)	
**Physicians Na	me:		What year?	Phone:	
Address:		City, St., Zip:		Phone:	
Physicians Name	e:		_ What year?	Phone:	
Address:		_City, St., Zip:			
To disclose the fo	ollowing specific medica	al information by	<u>X</u> mail <u>X</u> fax	to:	
	Physician: <u>N</u>	atchez Morice	MD		
		al Reversal Cente			
		16 Victor II Blvd,			
	City, St., Zip	: Morgan City, L	a, 70380		
Phone: (844)376	-6742			Fax: (866)702-0120	
For the purpose of:	Continuing Care	Transferring Car	e Consultation	2 nd Opinion (circle one)	
My authorization	extends only to those d	ata elements/docu	ments marked below	:	
	Prenatal Records and	<u> Deliveries</u>			
	Copies of records or re	ports provided to t	he above named (ho	spital, lab, and clinic. Etc)	
	Progress notes				
	Photographs, videotape	es, digital or other	images		
<u>X</u>	Operative Notes & Di	<u>ischarge Summar</u>	y		
	History and physical ex	xamination			
	Last 5 years of pap	smear results			
	All of the above				
<u>X</u>	Other (must be specif	ic)	BTL: OPERAT	IVE NOTES & PATHOLOGY	
	Mental Health and or	alcohol and drug a	buse treatment		
	AIDS (acquired immur	nodeficiency syndr	rome) or HIV (humar	immunodeficiency virus) informat	ion
	Hepatitis information				
This authorization	ı is given freely with the	understanding that	:		
•			format, are confidential	and cannot be disclosed without my prior	written
	tion, except as otherwise pro opy or fax of this authorizati		riainal		
				oeen release. This authorization is valid fo	r a one
year perio	od from the date it is signed,	or sooner if noted be	low. The revocation mus	t be in writing. A revocation form is availa	able
	receptionist.				
	ya Ob/Gyn, its employees, o we information to the extent			m any legal responsibility or liability for d	isclosur
				pon obtaining this authorization.	
	on used or disclosed pursua			isclosure by the recipient and is no longer	
**Patient's Sign	ature (or guardian, if a	a minor) ** I	O.O.B	**Patient's Printed Name	_
**Data	- -	Data	ታታ Ω • -	I Coopeity: #	
**Date:	ьхр	Date:(If other than 1 year		l Security #	_

Witness

Patient's Personal Representative

Please fax this sheet back with the records. Thanks

Pati	ent information	** Appointment Date:	Wt	_ Ht	BMI:	**
Patie	ent·	DOB: Age:Part	tner·		DOR·	Age:
		Address:				11gc
City	:	State: Zip: Phone	e:			
		State 23p				
Pha	rmacy:	Pharmacy address:				
	•					
1	How many times have	e you been pregnant(including misca	arriages/aborti	one)?		
		e you been pregnant (including misca we your last child? Patient:				
		and height?				
		ar?				
5.	Medical problems/co	nditions: Patient:	Partr	ner:		
7.	Current medications:	Patient:	Partn	er:		
		ything:				
9.	Do you smoke? Patie	nt:Partner:				
		out us?				
	·	For nurse/sta				
•	G P IC A	B Regular Cycle: Y N	Alergies			
•		ht:BMI: < 35, 35-39.99				
•	Smoker: Patient,			, 15-17	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•		OS, DM, HTN, Anemia	Henatic	Renal	Endocrine	
		ary, Bleeding disorder, HIV				
•		nt:				
•		, CD x, Endometrial ablation_				
	Other:					
•		own, Filshie, Hulka, Poi	m/Park, C	autery	, Fimbriectomy	, Falope
	Essure					
•	Lengths: 0-1, 1-2	2, 2-3, 3-4, >4 Unkn	nown			
•	AMH,FSH, E2:	SA:				
	Pt aware: TL, Ri	sk w/UNK TL, Risk of shorter tu	ıbes, NFP	, Tub	al reimplantatio	n, MTR
		ninoplasty incision			-	
		- •	A aream ant a	mailad.		
	Aware Bill protocol:	Hormone/SA orders emailed:	_ Agreement e	manea:	<u> </u>	
		Ear Dr. Maria	a ta £11 aut			
		For Dr. Moric	e to iiii out			
		idate: if labs WNL, SA WNL				
	• CD x					
	• Watch BMI					
	-	o: Patient Partner	_			
		ition that wt/ht are measured correct	•			
	•	norter tube(s) cautery ectopic unkn	nown			
	•	eed NFP ectopic fimbriectomy				
	•	be but good candidate				
	Better candi					
		plasty MTR incision may be lower				
	Notes:					