

Authorization to Obtain Medical Records

I authorize the following Physician's Office/Institution to release Medical Information on the patient listed below:

Patient Name	DOB	Social Security #
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Previous Physician/ Institution Name
Phone #
Fax #

To release health information to:

Deerwood Family Practice, PLLC
16675 Huebner Rd., Building 2 Suite 210
San Antonio, TX 78248

- Entire Record
- Radiology Reports
- Office Notes
- Immunization record
- Lab results
- Alcohol/substance abuse
- HIV/STD record
- Mental Health
- Billing

X

Patient/Legal Guardian

Date