TEXAS MODERN
GASTROENTEROLOGY

1402 Medical Drive | Sulphur Springs, TX 75402
Phone: 903-558-2222| Fax: 903-558-2225
txmoderngi.com. | info@txmoderngi.com

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

Patient's Name: _____

Requestor's Name and Phone Number: _____

I hereby authorize and request medical records from:

_____ _____
(Name of company/facility/agency/person) Phone Number

_____ _____
(Street/Address/CIty/State/Zip) Fax Number

Records to be released to:

_____ _____
(Name of company/facility/agency/person) Phone Number

_____ _____
(Street/Address/CIty/State/Zip) Fax Number

Check Information to be Released:
- ☐ Entire Record
- ☐ Endoscopy/Colonoscopy Reports
- ☐ Lab Tests
- ☐ Imaging Reports
- ☐ Physical Exams
- ☐ Discharge Summaries
- ☐ Billing Records
- ☐ Other (specify): _____

Reason for Request:
- ☐ Change of Physician
- ☐ Continuity of Care
- ☐ Personal Records
- ☐ Attorney/Legal
- ☐ Insurance
- ☐ Consultation
- ☐ Other (specify):

_____

I understand this information is confidential without the written authorization of the patient/patient representative. Multiple requests may necessitate a copying fee of $25.00. Please be aware that by state law, we have 14 days to comply with your request.

_____ _____ _____
Signature of Patient/Patient Representative Printed Name Date