Trophy Club Family Medicine
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Trophy Club, TX 76262
Office: (817) 430-9111
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RECORD RELEASE AUTHORITY

Date: ____/_____/_____
This release expires 90 days from date of authorization

From: TROPHY CLUB FAMILY MEDICINE
Phone: (817) 430-9111 Fax: (817) 430-8911
Address: 945 Trophy Club Dr, Trophy Club, TX 76262

Reason for Release: ____
I herby authorize the release of my __________________________________ or copies of such records and request that they be transferred:

TO:____

Phone:_________________________ Fax:______________________

Address:____

City, State, Zip:____

I understand that my complete record will not include the following, unless I initial, permitting the release of this information:

_____ HIV/AIDS _____MENTAL HEALTH
_____Sexually Transmitted Disease _____Tobacco/Alcohol/Substance Abuse

______________________________________ ______________________________________
Patient Name (*Printed*) Patient/Guardian Signature

______________________________________ ______________________________________
Address of Patient Date of Birth of Patient

______________________________________ ______________________________________
City, State, Zip SS# of Patient