

Trophy Club Family Medicine
945 Trophy Club Drive
Trophy Club, TX 76262
Office: 817-430-9111
Fax: 817-430-8911

David C. Yi, M.D.

Paula Lansford-Seabaugh, D.O.

Carol Addy P.A.C.

Record Release Authority

Date: ____/____/ 20____

This release expires 90 days for date of authorization.

To: _____

Phone: (____)_____ Fax: (____)_____

Address: _____

City: _____ State: _____ Zip: _____

Reason for release: continuity of care

I hereby authorize the release that a full copy of my medical records be sent to:

Trophy Club Family Medicine
945 Trophy Club Drive
Trophy Club, TX 76262
Office: 817-430-9111 Fax: 817-430-8911

I understand that my complete record will not include the following unless initialed:

____ HIV/AIDS
____ mental health

____ sexually transmitted diseases
____ substance abuse

Patient Name (printed)

patient or guardian signature

Address

Date of birth

City, State, Zip

Social security number