

ADVANCED ORTHOPAEDICS & SPORTS MEDICINE

11800 FM 1960 West
Fax 281-955-5875

13300 Hargrave Rd Ste.400
Fax 281-953-1104
Office 281-955-7577

455 School Street Ste.24
Fax 281-516-9270

MEDICAL RECORDS RELEASE

Date: _____

Patient Name: _____

Date of Birth: _____

I hereby authorize you to release medical records to patient or Doctor.

Name: _____

Address: _____

Address: _____

Telephone: _____

Any information including the diagnosis and records of any treatment or examination rendered to me by Advanced Orthopaedics and Sports Medicine.

Patient/Guardian Name (Printed)

Patient/Guardian Signature

Date