

Spine Associates

5420 West Loop South, Suite 2500, Bellaire, Texas 77401

Office (713) 383-7100 * Fax (713) 383-7500

3129 College Street, Suite 300, Beaumont, Texas 77701

Office (409) 767-8221 * Fax (409) 785-4200

Asif M. Chaudhry, M.D.

RELEASE OF MEDICAL INFORMATION

Date: _____

I, _____ allow

Patient Name

to release

(Medical Institution) or (Legal Representative)

Medical Records to _____

(Medical Institution) or (Legal Representative)

Please release the following:

_____ Clinical Notes

_____ Diagnostics (CT's, MRI's, X-rays, etc....)

_____ Surgical Procedures

Requestor's DOB: _____

Requestor's Social Security #: _____

Signature

Witness