THE SPINE AND SPORTS CENTER

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Phone: 713.590.2700 Fax: 713.590.2702

RE: Records Release Authority		
Patient name:		
Previous Name (s):		
I authorize The Spine and Sport	es Center to: receive release to	o the below Person/Agency:
Name of Person or Agency	_	
Address	_	
City, State Zip	_	
Telephone	Fax	
The following information: Pleas	se check off all that apply	
Consultation report	EEG, EKG	Pathology report
Operative report	Discharge summary	Emergency record
Radiology reports	Lab reports	Progress Reports
History & Physical	Demographics information	
Entire records except:		
(Date of Request)	(Patient's Signature)	
(Patient Date of Birth)	(Address)	
	(City, State, Zip Code)	