

CY-FAIR ENT
JONATHAN B. STATON, M.D., P.A.

13611 Skinner Rd. Suite 240 ~ Cypress, TX 77429
Phone (281) 256-8212 ~ Fax (281) 256-8213

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

ATTN: _____

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE THE MEDICAL RECORDS FOR THE FOLLOWING PATIENTS:

(PATIENT'S FULL NAME)	(DOB)
(PATIENT'S FULL NAME)	(DOB)
(PATIENT'S FULL NAME)	(DOB)

PLEASE FAX THE FOLLOWING RECORDS

- | | |
|--|---|
| <input type="checkbox"/> ALL RECORDS | <input type="checkbox"/> LABORATORY |
| <input type="checkbox"/> IMMUNIZATION ONLY | <input type="checkbox"/> HOSPITAL STAY |
| <input type="checkbox"/> OPERATIVE REPORT | <input type="checkbox"/> HOSPITAL DISCHARGE SUMMARY |

TO: **CY-FAIR ENT**
DR. JONATHAN B. STATON, M.D.
FAX: 281/ 256-8213

SIGNATURE: _____