

Junior De Freitas M.D.

3537 S. I-35 E Ste. 218
Denton TX 76210
Ph. (940) 891-1788
Fx. (940)891-1658

Authorization for Release of Medical Records

From: Junior De Freitas M.D.
3537 South I-35 East Ste 218
Denton TX 76210

I hereby authorize and request the release of my medical information to:

Name of Physician or Hospital

Address

City, State, Zip

Patient Information

Name: _____ (Please Print)	Date of Birth: _____	
Address: _____		
_____	_____	_____
City	State	Zip
Social Security Number _____		_____

Patient Signature

Date

Witness Signature

Date

