Junior De Freitas M.D.

3324 Colorado Blvd. #103
Denton, TX 76210
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Authorization for Release of Medical Records

From: Junior De Freitas M.D.
3324 Colorado Blvd. #103
Denton TX 76210

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

____
Name of Physician or Hospital

____
Address

____
City, State, Zip

This information will be used only for the continuity of care. Federal rules prohibit any further disclosure of this information unless disclosure is expressly permitted by written consent of the person to whom it pertains.

Patient Information

Name: ____________________________ Date of Birth: _____________
(Please Print)

Address: ____

____
City State Zip

Social Security Number____

____ _______________
Patient Signature Date

____ _______________
Witness Signature Date