

AUTHORIZATION/CONSENT FOR RELEASE OF MEDICAL RECORDS

Patient Information: (Please Print)

Patient Name

Social Security Number

Release my medical records from:

To:

Gene E. Wyll, M.D., P.A.
610 North Coit, Suite 2115
Richardson, Texas 75080

Phone: 214-575-4455

Fax: 972-918-0480

Please release a copy of all of my medical records, including but not limited to, progress notes, operative notes, laboratory results, prescriptions and diagnostic tests.

BY MY SIGNATURE I AUTHORIZE RELEASE OF MY MEDICAL RECORDS.

Patient Signature: _____ Date: _____