

Texas Lung Associates



3120 Medpark Dr, Suite 150 Denton, TX 76208
Tel: (940) 382-LUNG (5864) Fax: (940) 382-FXFX (3939)
E-mail: doctor@texaslung.com Website: www.texaslung.com



Authorization to Release Medical Information to Texas Lung Associates

I, _____, hereby authorize
(Name of patient or legal representative)

(Name of person/entity who release records)

(Address of person/entity who should release records)

to release the following information to:

Texas Lung Associates
3120 Medpark Dr, Suite 150
Denton, TX 76208
Tel: (940) 382-5864
Fax: (940) 382-3939

The health records of: _____
(Name of person whose records will be released)

(Date of birth)

(Social Security Number)

All records: Specific records: _____

The purpose of this release: _____

Limitations of this release (to include but not limited to releasing information regarding AIDS or HIV status): _____

Signature _____

Date _____