

PEDIATRIC OPHTHALMOLOGY, P.A. AND THE CENTER FOR ADULT STRABISMUS

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Fee for records \$25.00.
Please enclose payment.

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Medical Records Release

(Name of Patient) (Birthdate)

(Street Address) (City, State, ZIP Code)

Authorizes:

Release of Records to:

(Name of Physician) (Name of Physician)

(Name of Health Care Facility) (Name of Health Care Facility)

(Street Address) (Street Address)

(City, State, ZIP Code) (City, State, ZIP Code)

Information to be Released:

- All Clinic Records Visual Fields Lab Reports
Office Notes X-Ray Reports Other (Specify)
Photographs

List other facilities records to be included when releasing for the purpose of continuing medical care:

For the Following Dates:

In compliance with state statutes which require special permission to release otherwise privileged information, please release records pertaining to:

- Mental health AIDS test results Drug abuse
Developmental disabilities Aids-related disease diagnosis Other
Alcoholism

Purpose or need for disclosure: (check applicable categories)

- Further medical care Payment of insurance claim Legal investigation
Application for insurance Vocational rehabilitation evaluation Personal
Disability determination Other

I understand that this authorization shall be valid for one (1) year unless otherwise stated below or revoked through written notice to Medical Records.

(Alternate date if not one (1) year)

By signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the person(s) or entity listed below.

I understand that you will provide this information within 15 days from receipt of request and that a fee for preparing and furnishing this information may be charged according to rulings set forth by the Texas State Board of Medical Examiners.

Signature of Patient / Parent Date
(If signed by person other than patient, state relationship and authorization to do so)

Patient is: minor Incompetent, Disabled Deceased

Legal Authority: Legal Legal guardian Next of kin of deceased