

MEDICAL RECORDS RELEASE

TO: Hadar Spivak, M.D. Texas Laparoscopic Consultants

713-493-7700 FAX: 281-971-4065

1200 Binz #950

Houston, Tx 77004

I authorize the release of any medical records or information for:

Patient Name _____

Date of Birth _____

Last four digits of Social Security # _____

Signature of Patient _____

Please mail or Fax records to:

Name _____

Address or Fax # _____
