GenCare Spine and Pain, PLLC

Lan K. Nguyen, MD

Phone: 281-636-6101 Fax: 281-667-0910

Records Release Authority

Patient Name: _____
Previous Name: _____

I authorize GenCare Spine and Pain, PLLC to: ☐ receive ☐ release my medical information to the below Person/Agency:

_____
Name of Person or Agency

_____
Address

_____
City, State, Zip

_____ _____
Telephone Fax

The following information: Please check all that apply.

☐Consultation Report	☐EMG reports	☐Pathology Report
☐Operative Report	☐Discharge Summary	☐Emergency Record
☐Radiology Reports	☐Lab Reports	☐Progress Reports
☐History & Physical	☐Demographics Information	☐Physical Therapy Notes

☐Entire Records except: _____

_____ _____
Date of Request Signature of Patient

_____ _____
Date of Birth Address City, State, Zip Code