



Dr. Iwona L. Ciba

25722 Kingsland Blvd, Suite 201B □□Katy □ TX 77494

Tel. (281) 395-9966, Fax (281) 599-8596

Record Release Information

Date: _____

I hereby authorize and request you to release to:

Name of Doctor

Address

_____ Copies of Medical Records

_____ X-Rays

This information is being requested by:

Name of Patient

Address

Patient's Signature