



South Texas Healthcare
Jibrail Kasperkhan MD
21902 Franklin Park Suite 1308
San Antonio Tx. 78259
P:(210) 491-1690 F: (210) 491-1801

MEDICAL RELEASE FORM

Patient Name: _____

DOB: _____

By signing this form, I authorize:

Facility or Doctor: _____

Address: _____

Phone and Fax: _____

The release of my confidential health information/medical records to the person(s) or entity listed below.

Records you may release subject to this release form are as follows:

- History & Physical
- Referral Letters
- Lab Results
- Imaging (X-Rays, MRI, CT scan, EKG)
- Other: _____

Release my protected health information to the following person(s)/entity:

Dr. Jibrail Kasperkhan
21902 Franklin Park Ste 1308
San Antonio Tx 78259
P: (210) 491-1690 F: (210) 491-1801

Printed Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date