



Miss-Lou GI  
136 Jeff Davis Blvd.  
Suite B  
Phone: 601-492-2224  
Fax: 601-492-2231

**Medical Records Release Consent Form**

**Please release all medical records regarding medical care for:**

Patient Name:.....

Date of Birth:.....

Social Security Number:.....

Address:.....

.....

Home Phone: ..... Cell: .....

**TO:**

**From: Miss-Lou GI**  
136 Jeff Davis Blvd., Suite B  
Natchez, MS 39120  
601-492-2224 - Phone  
601-492-2231 - Fax

**I HEREBY AUTHORIZE THAT I AM THE PATIENT OR HAVE LEGAL REPRESENTATION TO RELEASE PROTECTED HEALTH INFORMATION FOR THE ABOVE MENTIONED PATIENT.**

**PATIENT OR LEGAL GUARDIAN SIGNATURE:**

.....

**DATE:**

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