



**Lofton Misick, M.D.**  
819 Ayers St.  
Corpus Christi, TX 78404  
P: 361-761-8610 F: 361-761-8611

**Authorization to Release or Obtain Medical Records**

I, \_\_\_\_\_ DOB: \_\_\_\_\_ Authorize:  
**Patient's Name (Please Print)**

- Bay Cardiovascular Surgery, PA  
819 Ayers St.  
Corpus Christi, TX  
(P) 361-761-8610 (F) 361-761-8611

**Or Other (specify below)**

- Name of Person or Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To release information to:

To Obtain information from:

Name of Person of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose of this Authorization: \_\_\_\_\_

I authorize the release of the following protected health information:

(Place an "X" in the box(es) that apply to this information you want released or want to obtain)

For personal copies of your medical records the cost will be \$25.00 for the first 25 pages and .25 cents for each page thereafter. Please allow 15 business days from day of request to process your request for medical records.

Entire record  Consultation notes/report  Lab reports  X-Ray reports  Surgical reports

Medical History, Examination reports  Treatment or Test  Hospital records including reports

Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_