

6131 Luther Lane, Suite 216
Dallas, Texas 75225
Phone: 214-987-2020
Fax: 214-739-3725

Authorization for Fagadau, Hawk, & Swanson M.D. to RELEASE the medical information of:

Patient Name: _____ D.O.B _____ Phone: _____

Patients Address: _____

I authorize Fagadau, Hawk, & Swanson, M.D. to send my health records to:

Doctor/Company _____

Phone # _____ Fax: _____

Address _____

City, State _____

- Complete Record
- Records of care from the following dates _____ to _____
- Records concerning the following conditions : _____

- Other (please specify): _____

The reason or purpose for the release of this medical information is:

Patient Signature : _____ Date: _____