Dr. Dunham Family Practice
Jocelyn B. Dunham, M.D., P.A.

Authorization for Release of Medical Records

Patient Name:____

Date of Birth:____

Address:____

____

Phone Numbers:____

I authorize Dr. Dunham Family Practice to release information to/from (circle one)

Name of Provider or Facility:____

Address:____

____

Phone Number/Fax Number:____

Information requested: (circle one)

All Records
X-Rays
Lab
Recent records
Recent hospitalization
Immunization

Patient/Guardian Signature:_________________________________Date:____________

Patient/Guardian Printed Name:_____________________________Date:____________

3041 Churchill Dr., Suite 500
Flower Mound, TX 75022

Phone # 972-724-0500
Fax # 972-724-0501