

# ROCKWALL SURGICAL SPECIALISTS

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DAVID RITTER, MD

JAKE ABBOTT, MD

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## AUTHORIZATION TO RELEASE RECORDS

I, \_\_\_\_\_, here by authorize Rockwall Surgical Specialists to release the following records to:

Release To: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Please release the following records:

- \_\_\_\_\_ All My Records
- \_\_\_\_\_ Operative Report / Pathology Report
- \_\_\_\_\_ Radiology Results / Lab Results
- \_\_\_\_\_ Other: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Phone Number: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

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