

ROCKWALL SURGICAL SPECIALISTS

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AUTHORIZATION TO RELEASE INFORMATION

I, _____, here by authorize _____

to release the following medical records to:

Rockwall Surgical Specialists

Dr. David W. Ritter, Dr. Jake K. Abbott, Dr. Ashley L. Egan

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PH: (972) 412-7700 FX: (972) 412-7710

Please forward: _____ All Medical Records

_____ Lab & Radiology Reports Only

_____ Operative Reports Only

_____ Other: _____

Patient Name: _____ DOB: _____

SSN: _____ Phone Number: _____

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Signature of Patient or Guardian: _____

Date: _____