



PHILIP L. LEGGETT, M.D.

GENERAL AND LAPAROENDOSCOPIC SURGERY

Board Certified

Fellow American College of Surgeons

Fellow International College of Surgeons

Clinical Assistant Professor of Surgery, University of Texas

RELEASE OF MEDICAL INFORMATION

To: _____

I, _____, authorize you to release all
medical records for _____. The
date of birth for the patient is _____.

Please release to: Philip L. Leggett, M.D.
800 Peakwood, Suite 8B
Houston, Texas 77090
Phone: (281) 580-6797
Fax: (281) 580-6693

Signature: _____

Date: _____

Witness: _____