MIDLAND MEMORIAL HOSPITAL - MIDLAND, TEXAS 79701

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name			Date(s) of Service	e	
Date of Birth		Social Security N	Number		
I, the undersigned, authorize the the above named patient.	release of information	n from the facili	ty specified above	from the	medical record(s) of
The information is released to:	(- l i - i -				
A alaba a a			orney, insurance c		
			S		
Phone #		Fax #			
PATIENT INFORMATION IS NE	EDED FOR:				
☐ Attorney/Legal☐ Personal Use☐ Worker's Compensation	☐ Continued Me☐ Social Securit☐ Other	y/Disability	☐ Insurance ☐ Military	Company	
INFORMATION TO BE RELEAS	ED:				
☐ Emergency Room Record☐ Physician Orders☐ Operative Reports	☐ Progress Note☐ Pathology Rep☐ Radiology Rep	port 🗌 D	ab Reports ischarge Summar adiology Images		istory and Physical KG, EEG, EMG
Other I understand that my records are otherwise permitted by law. Information in the control of the con					
I understand that my records are otherwise permitted by law. Informedisclosure by the recipient and released may include, but is not I communicable disease, including (AIDS).	mation used or disclo no longer protected b imited to, diagnoses, Human Immunodefio	osed pursuant to by the law. I un and/or treatme ciency Virus (H	o this authorization derstand that the nt of drug or alcoh IV) and Acquired I	n may be specified nol abuse, mmune D	subject to information to be mental illness, or Deficiency Syndrome
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