



SUN + SURF MEDICAL CLINIC

FAMILY & MINOR EMERGENCY CARE

AUTHORIZATION FOR USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

PATIENT NAME:	DATE OF BIRTH:
ADDRESS:	CITY, STATE, ZIP:
Phone:	

Patient Signature _____ Date: _____

Information to be Released –

Complete Health Record	Operative Reports and Pathology	Discharge Summary
History and Physical	Consultation Reports	Progress Notes
Laboratory Test Results	X-Ray Reports	X-Ray films or Images
	ALL MUST BE WITHIN 2 YEARS	

Purpose of the request:

Treatment or Consultation	At the request of the patient
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Where to send released information:

Physician: _____

Phone: _____

Fax: _____

Sun + Surf Medical Clinic
14254 S. Padre Island Drive, Ste 207 Corpus Christi, TX. 78418
Phone: 361-589-4068 Fax: 361-589-4079

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