

Authorization for Release of Protected Medical Information

Patient Name:

Date of Birth:

Patient's Address:

Phone Number:

I authorize:

Doctor or Facility

Address

City, State, Zip Code

Telephone Number

Fax Number

To release all medical records to the following:

Eric K. Tondera, NP-C, DC
Tondera Family Practice and Chiropractic
1201 Dairy Ashford, Suite 118
Houston, Texas 77079
713-988-3223 (Phone)
832-617-7823 (Fax)

Thank you for your assistance in providing these records at your earliest convenience.

Sincerely,

Signature of Patient

Date