



Amanda D. Marshall-Rodriguez, M.D.

Naomi N. Shields, M.D.

18626 Hardy Oak Blvd. Suite 101

San Antonio, TX. 78258

P:210-878-4116 F:210-878-4113

Authorization to Release or Obtain Medical Records

I, _____ DOB: _____ Authorize:

Patient's Name (Please Print)

- Tru Ortho**
18626 Hardy Oak Blvd Ste. 101
San Antonio TX, 78258
(P) 210-878-4116 (F)210-878-4113

Or Other (specify below)

- Name of Person or Facility: _____
Address: _____
City: _____ State: _____ Zip: _____

To release information to:

To Obtain information from:

Name of Person of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose of this Authorization: _____

I authorize the release of the following protected health information:

(Place an "X" in the box(es) that apply to this information you want released or want to obtain)

Entire record Consultation notes/report Lab reports X-Ray reports Surgical reports

Medical History, Examination reports Treatment or Test Hospital records including reports

Other: _____

Patient Signature: _____ Date: _____

Witnessed by: _____ Date: _____