



**Authorization for Release of Information**

**Records requested:**

- Complete medical records and photographs
- Operative Report
- Other (please specify) \_\_\_\_\_
- Confer with another person about information in my record

**Reason for Release:** (Article 445b, Sec 5.08(j) Texas Revised Civil Statutes require that an authorization for medical release include "the reason for purpose for release".)

- Change of Physician/Practice or Patient moving
- Consultation with another physician
- Application for Insurance Coverage
- Workmen's Comp or Disability Claim

**Records Requested FROM:**

Physician/Practice: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Send Records TO:**

Physician/Practice: Eyelid & Facial Plastic Surgery Assoc  
 Address: 12201 Renfert Way, Suite 100  
 City/Zip: Austin, TX 78758  
 Fax: 512-693-2252

I understand that a reasonable amount of time (not to exceed 30 days) may be required to move my records. If possible, please send by: \_\_\_\_\_

I, the undersigned, do hereby authorize the release of information described above from my medical records. I understand that reports may include information on drug/alcohol/psychological or communicable disease treatment. I understand that I may revoke this consent in writing at any time except to the extent that action has already been taken in reliance on it. A photocopy of this consent shall be considered valid. This authorization expires automatically in one year.

Patient's Full Name: (Please Print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Year last seen: \_\_\_\_\_

Any other names under which your records may be filed: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Patient or person legally authorized to consent on patient's behalf and relationship to patient)

North Austin (Administrative Location)  
 12201 Renfert Way Ste 100  
 Austin, TX 78758  
 Phone: 512-501-1010  
 Fax: 512-693-2252

Bee Cave/Lakeway  
 3944 RR 620 S Bldg 8, Ste 222  
 Austin, TX 78738

Fredericksburg  
 751 S Washington  
 Fredericksburg, TX 78624