Arturo G. Gonzalez, MD, FACS

General Surgery

MEDICAL RECORDS RELEASE

There is a $25.00 charge for the first 20 pages or less, and $0.15 for each additional page after 20.
This fee must be paid BEFORE documents are produced.

Please fill in all blanks. Incomplete or altered forms will be returned by mail for completion before processing.

Allow 2 weeks to process completed requests.

I HEREBY AUTHORIZE:

Minimally Invasive & Robotic Surgery, PLLC
2222 Greenhouse Rd, Suite 1800 Houston, TX 77084
Telephone 713-464-2100 Fax 281-829-1950

To furnish a copy of medical records, which may include information concerning the results and/or treatment of HIV, AIDS, Mental Health, Alcohol and/or Drug Abuse, of the patient listed below. Upon making this request I hereby release you, your physicians and employees from liability for following this authorization request.

For the purpose of:

___ Insurance Claim Pending ___ Personal Copy ___ Moving out of town

___ Second Opinion ___ Primary Care Physician ___ Change in Insurance Plan

___ Application for Life/Health Insurance ___ Legal Representation

___ Transfer care due to: ____

___ Other: ____

INFORMATION TO BE RELEASED: Please specify which time period is requested.

Date of Service: FROM:______________________ TO: _____________________

____ Office Notes ____ Labs ____ Operative Report ___ All Records ____ Other ____

This authorization is valid for 120 days from the date of signature. Any changes in authorization must be in writing.

Regarding (Patient Name)____

SS #________________________________Date of Birth________________________________

Address____

City__________________________State____________________Zip code______________________

Home Phone__________________________Work Phone________________________________

Patient Signature________________________________**Date**________________________

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