CARE FOR WOMEN
OB/GYN

The comprehensive care you need.
The compassion & convenience you deserve.

Gregory Beckner, M.D.
Jennifer Browning, M.D.
Stephanie Champion, M.D.
Randall Feuer, M.D.
Hunter Hollingsworth, M.D.
Richard Spinnato, M.D.
Brenda Uribe-Torres, M.D.
Sharon Zavala, M.D.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PLEASE READ CAREFULLY:

If the Patient is under 18 years of age, this authorization may extend until the Patient's 18th birthday if dated until the Patient's 18th birthday.

If the Patient is over 18 years of age, this *Authorization for Release of Information* can only be written for a maximum period of one year only or specified dates written by the Patient.

I hereby authorize CARE FOR WOMEN to discuss medical information/results with:

_____

Name Relationship Phone Number

I hereby release CARE FOR WOMEN, the Physicians and the employees from any liability resulting from following this *Authorization for Release of Information* request.

_____ _____

Signature of Patient Date of Birth

_____

Patient's Social Security Number

_____

Patient's Mailing Address

_____

City State Zip

_____ _____

Signature of Witness Today's Date

ATASCOCITA:

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KINGWOOD:

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