



Medical Specialists Inc.

5401 N. Portland Suite 220 • Oklahoma City, OK 73112

Phone (405) 604-4321 • Fax (405) 604-4331 • www.medspecokc.com

Alan S. Bock, M.D • *Louis H. Cox, M.D.* • *Lisa M. Farhood, M.D.*

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____, hereby authorize

Medical Specialists, Inc. to release any and all medical records and x-rays, past, present and future to _____ . The information authorized for release may include records which may indicate the presence of a communicable or venereal disease, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and human immunodeficiency virus, also known as acquired immune deficiency syndrome (AIDS).

This authorization will serve to release Medical Specialists, Inc., from any liability resulting from the release of the requested information.

A photostatic copy of this authorization is to be given the same force and effect as the original.

Date

SSN

Patient Name (printed)

Date of Birth

Patient Signature

Witness

PLEASE FAX COMPLETED FORM TO (405) 604-4331