



## Medical Specialists Inc.

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

Phone (405) 604-4321 • Fax (405) 604-4331 • [www.medspecokc.com](http://www.medspecokc.com)

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

### **AUTHORIZATION TO RECEIVE MEDICAL RECORDS**

I, \_\_\_\_\_, hereby authorize  
*(Patient Name)*

\_\_\_\_\_ to release any and all medical records and x-rays, past, present and future to  
*(Current provider/clinic)*

**Medical Specialists Inc.** 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 \_\_\_\_\_ from any liability resulting from the release of the requested information.  
*(Current provider/clinic)*

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**