

Digestive & Liver Specialists of Houston

P. Martin Mauk, M.D., P.A. - Cole Thomson, M.D., PhD. Katherine K. Nguyen, M.D.
Hashim M. Khandwalla, M.D. - Matthew P. Spinn, M.D. – Shiralkar Malan M.D.
Kevin Kline, M.D. – Arlena Grays, FNP-C – Savanna Harper, FNP-C

Authorization to Release Medical Records

I hereby authorize and request you,

(Doctor / Hospital)

Address

City, State, Zip

Phone, Fax Numbers

To release to Digestive & Liver Specialist of Houston, the complete history records in your possession concerning my illness and/or treatment during the period from:

_____ to _____

Patient Name: _____ Date of Birth: _____

Address: _____

Signature : _____ Date : _____

Please mail or fax to:

Digestive & Liver Specialists of Houston
915 Gessner, Suite 850, Houston, TX 77024
Phone # 713.461.1026 Fax # 713.461.4358