

Dr. Rodney T. Franklin
Dr. Michael P. Mendez

Lubbock Family Medicine

7008 Indiana Ave, Lubbock, Texas 79413
Phone: (806) 698-8088 Fax: (806) 698-8588

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize _____ to
release medical records of the patient named above to:

Name: Lubbock Family Medicine

Address: 7008 Indiana Ave. Ste. A

City: Lubbock State: TX Zip Code: 79413

This request and authorization applies to:

Healthcare information relating to the following treatment,
condition, or dates: _____

All healthcare/medical information

Other: _____

Please fax records to 806-698-8588 Attn: Medical Records or mail them (preferably on a cd) to the
address above.

Patient Signature: _____ Date Signed: _____