Dr. Rodney T. Franklin
Dr. David L. Vermillion

Dr. Michael P. Mendez
Dr. Christopher Shanklin

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: ___