



NORTH TEXAS  
OB-GYN ASSOCIATES

Obstetrics, Gynecology and Infertility

[www.northtexasobgyn.com](http://www.northtexasobgyn.com)

Rudy Tovar, M.D.  
Ashley Sbanotto, M.D.

Thomas Fliedner, M.D.  
Diana Luts, M.D.

Alexandra Goldman, M.D.  
Mary Jane Flanagan, RN, FNP-C

Christine Grubbs, M.D.  
Cheryl Smitherman, CNM

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

Date: \_\_\_\_\_

I hereby authorize:

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

To furnish:	_____	Full medical records
	_____	Lab results
	_____	Surgical/Hospital Records
	_____	STD Screening Results

Reason for request:	_____	Medical Care
	_____	Consult
	_____	Second Opinion
	_____	Other: _____

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Approximate dates seen: \_\_\_\_\_

Please send my medical records to: \_ North Texas OB/GYN Associates

Rudy Tovar, M.D.	Thomas Fliedner, M.D.	Alexandra Goldman, M.D.	Ashley Sbanotto, M.D.
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Signed: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Witness: \_\_\_\_\_

Dates records sent: \_\_\_\_\_ Dates records received: \_\_\_\_\_