



NORTH TEXAS
OB-GYN ASSOCIATES

Obstetrics, Gynecology and Infertility

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 Information

****PLEASE ALLOW 3-5 BUSINESS DAYS FOR RECORDS TO BE PROCESSED****

Date of Request: _____

I, _____ hereby authorize: **North Texas OB-GYN Associates**, 328 W. Main St., Lewisville, TX 75057

To furnish: _____ Full medical records
_____ Lab results
_____ Surgical/ Hospital records

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:

Patient Signature: _____

Witness: _____

Please fax request to: 972-221-8246

Date records sent: _____ Signature of Doctor: _____