Panhandle
PLASTIC SURGERY

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient's Name:	
Patient's DOB:	
Patient's Phone #:	
Patient's Signature:	

I Authorize: Panhandle Plastic Surgery 1301 S. Coulter Ste 201 Amarillo, TX 79106 P: 806-350-7929 F: 806-350-7930 To obtain my medical records, photos, and operative reports from:

Name:			
Address:			
Phone:		Fax:	

This authorization expires on		or 1 (one) year from the date of this authorization

or whichever comes first.

Patient Signature			
Witness:		Date:	