

DONALDSON WELLNESS CENTER

508 Grace St. - P.O. Box 2774, Waxahachie, TX 75168

Phone: (972) 923-0730 Fax: (972) 923-3886

www.donaldsonwellnesscenter.com

Authorization to Release Medical Information/Records

Patient Name: _____ Date of Birth: _____

Address: _____ City/State _____ Zip _____

Release records from: _____

Address: _____ City/State _____ Zip _____

Telephone: _____

Release records to: _____

Address: _____ City/State _____ Zip _____

Information to be Released:

Complete records to be released: **YES** **NO** (circle one)

If NO, specify records to be released: _____

Signatures:

Patient or Authorized Representative: _____ Date: _____

If Authorized Representative, state relationship to patient: _____
