

East Texas Infectious Disease
Request for Release of Medical Records

Date: _____

To: _____

Address: _____

Phone: _____

Fax: _____

I hereby request that my medical records be released to:

Edward Dominguez, MD

Steven Hickerson, MD

Brock Lutz, MD

Richard Yates, MD

935 S. Baxter, Suite 103
Tyler, TX 75701
903-592-4473 ■ 903-592-4474 fax

Patient name: _____

Date of birth: _____

Patient signature: _____

Witness: _____

Note: authorization valid for 60 days from signed date.