BSC DALLAS
BARIATRIC SURGERY CENTER OF DALLAS

James A. Davidson, MD, FACS, FASMBS

REQUEST RELEASE OF MEDICAL RECORDS

DOCTOR/FACILITY NAME:

ADDRESS:

TELEPHONE: **FAX:**

Please release the following information:

All office notes including weight history for 2008 - present. This patient is preparing for bariatric surgery and insurance approval is pending this information. Thank you for your prompt attention to this request.

I authorize the release of my medical records to Dr. James A Davidson MD.

PATIENT'S SIGNATURE

DATE

PRINT FULL NAME

DATE OF BIRTH

TELEPHONE NUMBER

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Revised 2/15/2013