

**MAGNOLIA OBSTETRICS AND GYNECOLOGY , PLLC**

3600 GASTON AVE. SUITE 601  
BARNETT TOWER  
DALLAS, TX 75246-1806

OFFICE (214) 377-1699

FAX (214) 824-8365

LEANN E. HADDOCK, MD

KAMILIA T. SMITH, MD

ERIN K. NEWMAN, MD

LAUREN A. WELLS, MD

**RECORDS RELEASE AUTHORIZATION**

*(Physician, Hospital or Clinic name)*

*(Address, City, State and Zip code)*

*(Office Telephone Number)*

*(Fax Number)*

I, \_\_\_\_\_, hereby authorize and request the release of any and all medical records in your possession, concerning my medical history.

FROM \_\_\_\_\_ TO \_\_\_\_\_

ALL MEDICAL RECORDS

*Notes* \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Home Address City, State and Zip

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Signature Witness