



NEUROLOGY CONSULTANTS

1102 Orchard Dr • Arlington, TX 76012 • Phone (817) 299-8100 • Fax (817) 469-6378

D. Chi Nguyen, M.D.
Board Certified in Neurology

Dung Nguyen, M.D.
Board Certified in Neurology

Authorization to Release Medical Information

Date: _____

Patient Name: _____ DOB: _____

I authorize and request _____ to release a copy of my medical records to:

Neurology Consultants

D.Chi Nguyen M.D. / Dung Nguyen, M.D.
1102 Orchard Dr.
Arlington, Texas 76012
Tel: (817) 299-8100
Fax: (817) 469-6378

Or to allow inspection of or copying of the medical records in his/her possession regarding my overall health care, illnesses, and any treatment rendered to me for the period:

_____ to _____.

I release above named physician from all legal liability that may arise from this authorization.

Signature: _____ Date: _____

Witness: _____ Date: _____

If the signature above is not that of the patient, I am acting for the patient because:

My relationship to the patient is: _____

Signature: _____