Worthy Weight Loss
Smart, sustainable weight loss

5400 West Plano Parkway
Suite 230, Plano, TX 75093
Tel: 972.818.8800
Fax: 972.818.8803
WorthyWeightLoss.com

PF-6000

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Date_____/_____/_____

Name of Patient: _____

Social Security # _____ Date of Birth_____/_____/_____

Would you kindly release my medical records and/or those of my dependent minor (above)

FROM: _____ (Physician Name)
Address: _____

_____

Phone No._____ Fax No. _____

TO: Obinna U. Chukwuocha, D.O.
WORTHY WEIGHT LOSS, PA
5400 West Plano Parkway, Suite 230
Plano, TX 75093
Fax: (972) 818-8803

Records to be released: _____

_____

_____

Thank you for your assistance.

_____	_____	_____
Patient Name	Date	Signature of Patient
_____	_____	_____
Patient Legal Representative	Date	Signature of Patient Legal Representative

_____
Patient Legal Representative Relationship to Patient