



3311 Prescott Road, Suite 202  
Alexandria, LA 71301  
(318)442-0106 Fax: (318)448-8918  
Tax ID # 61-1436519

Gary P. Jones, MD, FACS  
R. Chance DeWitt, MD, FACS

### **RECORDS RELEASE AUTHORITY**

I hereby authorize and request you to release  
the complete medical records in your possession  
concerning my illness and/or treatment during  
the period from \_\_\_\_\_ to present.

Please send information to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_