



**Texas Digestive Care**

Office of Gaurav Arora, MD, MS, AGAF  
Board Certified in Gastroenterology  
Fellowship Trained in Hepatology  
2900 North Interstate 35, #210  
Denton, TX 76201

### Medical Release of Information

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

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

Address, City, State, Zip: \_\_\_\_\_

I request and authorize: Texas Digestive Care, PLLC : 2900 North Interstate 35 #210 Denton, TX 76201  
Phone: 940-323-3440 ; Fax: 940-323-3441

**To Release the medical record of the above named patient to (the place you want your medical records to be sent):**

Name of Recipient: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Release : \_\_\_\_\_

#### Requested Information or Dates of Services for Health Care Information Release

- All Medical Records
- Medical Records from: \_\_\_\_\_ to \_\_\_\_\_
- Procedure / Operative Reports from \_\_\_\_\_
- Imaging Results from \_\_\_\_\_
- Lab Results from \_\_\_\_\_
- Clearances for \_\_\_\_\_
- Other: \_\_\_\_\_

Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected.

I understand I have the right to revoke this authorization of the release by providing a written request to the above-named physician or organization. I understand that the revocation will not apply to information that has already been released in good faith. I understand that the condition for release is not based on payment for treatment.

**I understand that this form is for medical records requests and if the requesting facility does not get information faxed to them after the third attempt, it is my responsibility as a patient to obtain the requested information and provide it to the requesting facility for best continuity of care.**

\_\_\_\_\_  
Signature of patient or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship or status if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.)