

RECORD RELEASE TO DR. CREUTZMANN

Fredrick H. Creutzmann, M.D.

4323 North Josey Lane, Suite 203

Carrollton, Texas 75010

Office Phone - 972-394-7277

Fax Number - 972-394-4800

To: _____

I authorize and request the release of all my medical records to:

Fredrick H. Creutzmann, M.D.

4323 North Josey Lane, Suite 203

Carrollton, Texas 75010

My Name: _____

Social Security# _____ Birthday: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Patient Signature: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____