David M. Feinstein, M. D., FACP, FRCP
Diplomate American Board of Endocrinology and Metabolism
7777 Forest Lane C-604 Dallas Texas 75230
972-566-4888
972-566-4539 Fax

Medical Records Release

Date: _______________
Patient Name: _____________________________________
Patient's Birth Date: ________________________________
Patient's Social Security Number: _____________________

To: ____
____
____

I hereby authorize you to release any and all medical records including diagnosis and treatment rendered to me. Please release to:

David M. Feinstein, M.D.
7777 Forest Lane C604
Dallas, Texas 75230
972.566.4888 Fax: 972-566-4539

Thank you for your help.

____
Patient's Signature

____
Print Patient's Name