

Metroplex Lap Band

John M. Marsden, M.D., F.A.C.S.

Medical Records Release

Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____

You are hereby authorized to release records to:

Metroplex Lap Band
415 US Hwy 377 South, Suite 102
Argyle, TX 76226
Attn: Dr. John Marsden

Any information, including the diagnosis and records of any treatment or examination rendered to me during the period listed below.

Patient Name: _____

Date of Birth: _____ Maiden/Previous Name: _____

Date(s) of Treatment: _____

Signature (Patient) Date

Address: _____

City: _____ State: _____ Zip: _____

Signature (Witness) Date