

DAVID T. NEMOTO, M.D., P.A.
GASTROENTEROLOGY
1446 Campbell Road Ste. 200
HOUSTON, TX. 77055
TEL(713)467-2700
FAX(713)467-3308

AUTHORIZATION TO RELEASE MEDICAL RECORDS

TODAY'S DATE _____

TO: Doctor/ Facility : _____

Ph # _____

Fax# _____

I, _____ HEREBY AUTHORIZE YOU TO RELEASE TO:

DAVID T. NEMOTO, M.D.
GASTROENTEROLOGY

1446 Campbell Rd
Houston, TX 77055
(O) (713)467-2700
(F) (713)467-3308

21338 Provincial Blvd
Katy, Texas 77450
(O) 281-829-1700
(F) 281-829-1121

MY COMPLETE MEDICAL RECORDS AND ANY INFORMATION INCLUDING MY DIAGNOSIS AND TREATMENT IN YOUR POSSESSION CONCERNING MY ILLNESS AND/OR TREATMENT, FOR THE CONTINUING OF MY CARE.

_____ - X-rays, Ct Scan, MRI, Ultrasounds	_____ - Operative Reports/Pathology (Colonoscopy /Endoscopy)
_____ - Patient Demographics	_____ - Progress notes
_____ - All Medical Records	_____ - Labs

SIGNATURE

WITNESS SIGNATURE

PATIENT NAME

WITNESS NAME

DATE OF BIRTH

S.S.

Patient is scheduled for an appointment on _____