

Phone: (281) 491-9300

Fax: (281) 491-9391

Nasrullah Manji, M.D., P.A.

Diplomate of the American Board of Internal Medicine
and Gastroenterology

I hereby authorize: _____
Facility Name Fax Number

To release the medical records of patient: _____

DOB: _____ SSN: _____ Home Number: _____

Patient Address: _____

To: _____
Name/Address of person/organization to which disclosure is to be made

Phone Number: () _____ Fax Number: () _____

For treatment dates: _____

For the following purpose:				Medical	Legal	Insurance	Other
___	H-N-P	___	Pathology Reports	___	Procedure Reports	___	Radiology
___	Labs	___	Face Sheet	___	Emergency Room	___	Entire Record

This authorization is valid until the 180th day after the date it is signed unless it provides otherwise, not to exceed 24 months, or unless it is revoked, and covers only treatments for the dates specified above.

I, the undersigned, have read the above and authorize the staff of Dr. Nasrullah Manji to disclose such information as herein contained. I have the right to revoke the authorization in writing at any time except to the extent that action has been taken in reliance upon it. I understand that when this information is used for disclosed pursuant to this authorization, it may be subject to disclosure by the recipient and may no longer be protected. I hereby release and hold harmless the above named office from all liability and damages resulting from the lawful release of my protected health information.

Date Signed Signature of Patient/Guardian Relationship

FAXED ON: _____

4760 Sweetwater Blvd.
Suite 101
Sugar Land, Texas 77479

12121 Richmond Ave.
Suite 218
Houston, Texas 77082